Form 1040		rhad of the Treasury - Internal Florence Service S. Individual Income Tax P	teturn	2006	Oth is the	Otto Core on a	rne c. stable in the space.
		the year Jan. 1-Dec. 31, 2008, counting the year beginning		. Zējuš. en		, 28)	OMB No 1645-0974
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residential		INNATI	· · · · · · · · · · · · · · · · · · ·	15246		chan	ge your tax or refund.
lection Campai		Check here if you, or your spouse if filing k				<u> </u>	You Spouse
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ne bles. name	here.	T		· · · · · · · · · · · · · · · · · · ·	idow(er) with depe	indent colle	1 (S99 pt()8 17)
exemptions	6a	X Yourself. It someone can claim you as	a dependent, do no	Check bea	(64)		on fire and file
-		Па					No. of children on 60 who.
	b		1		39 Sependemis	163 Chana ii	≛ ੂੋ ਾ
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009 19 <u>(1</u>	१) जिन्हा स्था	no East name			N/A)	[29 45] (5996 [55	or separation
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. –						片片	Elepandents on 6u
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-	d	Total number of examplions claimed					— Add numbers on
	 -	Wages, salaries, tipe, etc. Attach Form(s)					
ncome	-	Tragin, values aparatar may realist				7	44,485
	6≥	Taxable interest, Attach Schedule Bif requ	<u> </u>			82	
ttach Form(s) /-2 here. Also	Ь	Tax-exempt interest. Do not include on h	,	. 84b			:
ttach Forms	9a	Ordinary dividends. Attach Schedule Bills				94	1
V-2G and 099-R if tax	b	Qualified devicends (see page 23)	•	96			
es withheld.	10	Taxable refunds, credits, or offsets of state	and local income to	1495 (See p	ags 24)] 10	
	11	Aimony received				[11	
you did nos	12	Business income or (loss). Attach School	ile C er C-EZ			12	EVILIDI
µd & ₩-2, see page 23.	13	Capital gain or (loss). Attach Schodule Dil	required. If not requ	ired, check	here 🕨	. 13	EXHIBI
An hogo co.	14	Other gains or (losses). Attach Form 479	7			14	DOVAL
Enclose, but do	15a	IRA distributions 154		b Taza	ble arrount (200 pe	p• 25; 15	PRYOR 0-6-
not attach, any xsyment. Aiso,	16a	Pensions and annuities - 16a		b Taxa	pio amount overe		
10250 USB	17	Rontal real estate, royalries, partnerships,				17	7
orm 1040-Y.	18	Farm income or (loss). Attach Schadule F				1	
	19	and the second s	· · · · · · · · · · · ·			1	
	20 a	Social security benefits 20a		_ b Tuxa	ed ses) problem ag	23) 20	b
	21	Other income.	· · · · · · · · · · · · · · · · · · ·				
						21	
		Add the amounts in the far right column to			r total income	► Z	44,465
المراجعة ا	23	Archer MSA disduction, Attach Form 8853		. 23			:
Adjusted	24	Contain busineds expended of reservoirs, performing a		24		i i	
iross ncome	25	tespases government encour. Attach Form 2106 or 2: Health servings account declucion. Attach				 i:::	
ncome	25 26	Health savings account declucion. Attach Maning expenses. Attach Form 5903					
	27 27	One-helf of solf-employment tax. Attach S					= =
	28	Seit-employactSEP, SIMPLE, and qualifie		-	, , , , , , , , , , , , , , , , , , , 		
	26	Seif-projected health instrumes deduction	•			- 	
	30	Penalty on early withdrawal of savings				T.] "
	312	Assessment Administration of the Company of the Com		31a			
-	32	IRA deduction (see page 31)		·			CONFIDENTIAL
•	33	Student loan interest deduction (see page			2,1	14	
•	34	Jury duty pay you gave to your employer	•				
	35	Domestic production activities deduction.					* \$1 • \$
	36	Add lines 23 through \$1a and 32 through :				34	2,114
	37	Subtrect line 36 from line 22. This is your	adjusted gross inc	ome		▶ 3	

	·, ~ · · ·	WIN R PRIOR		Page Z
Tax and	38	Amount from line 37 (adjusted gross income)	38	42,371
Credits	39a	Check / You were born before January 2, 1942, Blind Total boxes	22.23	
Cicons		if: Spouse was born before January 2, 1942, Blind, checked ▶ 39a		
Standard	ь	If proce specios iteratives the prosperate respire to you need a dead-classic above, seeing \$4.5 (these hapes		
Deduction	40	Itemized deductions (from Schodulo A) or your standard deduction (see left margin)	40	5,150
forum	41	Subtract line 40 from line 38	41	37,221
People who in the checked any	42	If line 38 is over \$112,875, or you provided housing to a porson displaced by Hurricana Katrina.		(7 7 7 7 7 7 2 2 4
box on line	1 72		1 1	7 766
359a or 39b or who can be		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3,300
clamed as a decendent.	43	Taxable income. Subtract time 42 from line 41. If time 42 is more than line 41, enter -0-	43	33,921
560 page 34.	44	Tax (see page 36). Check if any tex is from: a Form(s) 8614 b Form 4972	44	5,039
- All others:	45	Alternative minimum tax (see page 39) Attach Form 6251	45	
Single or	45	Add lines 44 and 45	46	5,039
Married filing	47	Foreign tax credit. Allach Form 1116 if required		
\$6,150	48	Creating and and department para paper see. Attach Form 2441	100	•
	49	Credit for the elderly or the disabled, Attach Schedule R		
Married hing jointly or	50	Education credits, Attach Form 8863		
Outsilying	51	Retirement savings contributions credit. Asset: Form 8880 51		
widowier). \$10,300	52	Residential energy credits, Attach Form 5695		
1	53			
Head of household	l .		Ç.	
\$7,550	54		. [
	55	Other credits. a Form 2020 b Form 8001 c Form 55	A	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 48, enter -0 ▶	57	5,039
Other	58	Self-employment tax. Attach Schodule SE	58	
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Association Fig	59	
F BACS	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	60	
	61	Advance carried income cradit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schodule H	62	
	63	Add lines 57 through &2. This is your total tax	63	5,039
Payments	64	Federal income lax withheld from Forms W-2 and 1999 64 6 , 315	\$27272	
7 ayıncıns	- 65	With estimated to congress and arrows acabas from this range		
If you have a	663	Earned income credit (EIC)		
child attach	Гъ	Nonegapate combat pay election . > 66b		<u> </u>
Schedule EIC.	67		; ·.	
L	ر 68		-{:····	
			-	П
	69	Amount paid with request for extension to file (see page 50)		
	70		Ti	
		Payments from Formasse b from 41% c remissed 70		
	71	Credit for bideral followhere excise tax paid. Attach Form (6313 4 required		
	71 72	Credit to below telephone exceeds used: Attach Form (\$1) 4 required: 71 3.0 Add lines 64, 65, 66e, and 67 through 71. These are your total payments	72	CONFIDENTIAL 345
Refund	71	Credit for bideral followhere excise tax paid. Attach Form (6313 4 required	72 73	A6,345 1,306
Refund	71 72	Credit to todard toleshore excise tax pale. Attach form \$513 4 requires. Add lines 64, 65, 656, and 67 through 71. These are your total payments. If the 72 is more than time 63 is interesting 50 from time 77. This is the stream you. Amount of line 73 you want retunded to you. If Form 8888 is attached, check frere.		6,345
Direct deposits* See page 6*	71 72 73	Credit to todard following excess tax self. Additions 50 m total payments. Additions 54, 65, 65a, and 67 through 71. These are year total payments. If the 72 is more than time 63 is interesting 50 more fine 73. This is the arrived year. Amount of line 73 you want retunded to you. If Form 8888 is attached, check there.	73	1,306
Direct deposits* See page 6* prig till in 746,	71 72 73 74a	Credit to todard toleshore excise tax pale. Attach form \$513 4 requires. Add lines 64, 65, 656, and 67 through 71. These are your total payments. If the 72 is more than time 63 is interesting 50 from time 77. This is the stream you. Amount of line 73 you want retunded to you. If Form 8888 is attached, check frere.	73	1,306
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Direct deposit? See player 6° and Mi in 74b. 74c, and 74d.	71 72 73 74a > b	Add lines 64, 65, 65a, and 67 through 71. These are your total payments If the 72 is more than time 63 is interesting 63 more fine 73. This is the arrived you. Amount of line 73 you want retunded to you. If Form 8888 is attuched, check there Fourting number Fig. 72 Checking Savings Account number Fig. 73 you want applied to your 2007 estimated tax 75	73	1,306
Direct deposit? See page 6° and Ni in 746, 746, and 744, or form 6988. Amount	71 72 73 74a > b	Add lines 64, 65, 65e, and 67 through 71. These are your total payments If the 72 is more than the 63 is interctione 53 from fix 77. These are your total payments Amount of line 73 you want retunded to you. If Form 8888 is attached, check there Fouring number Account number Answer of time 73 you want applied to you 2007 estimated tax Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	73 74a	1,306
Direct deposit? See page 61 and hal in 740, 740, and 740, or home 6868. Amount You Owe	71 72 73 74a b b d 75 76 77	Credit to below helpshore excess tax self. Attach form (\$13.4 modiline). Add lines 64, 65, 65e, and 67 through 71. These are your total payments. If the 72 is more than the 63 is interctione 53 monthine 77. Thesis the arrest you. Amount of line 73 you want retunded to you. If Form 8888 is attached, check there. Fourting number Account number Amount of time 73 you want. applied to your 2007 estimated tax. Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 Estimated tax penalty (see page 62). 77	73 74a 76	1,306 1,306
Direct decorate? See page 6' pand no 1746, 740, and 740, or form 6888. Amount You Owe Third Party	71 72 73 74a b b d 75 76 77 Dog	Add lines 64, 65, 66¢, and 67 through 71. These are your total payments If the 72 is more than time 63 is interctant 52 more line 72. This is the arrivative. Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. Fourting number Account number Account number Account number Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 Estimated tax penalty (see page 62). Yes, or want to allow another person to discuss this return with the IRS (see page 63)? X Yes, C	73 74a 76	1,306
Direct deposit? See page 61 and hal in 740, 740, and 740, or home 6868. Amount You Owe	71 72 73 74a b b d 75 76 77 Do y Doule	Add lines 64, 65, 66e, and 67 through 71. These are your total payments If the 72 is more than time 63 is interctant 52 non-time 72. This is the arrest you. Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. Fouting number Account number Account number Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 Estimated tax penalty (see page 62). 77 Yes. Covers name Proce no. Percent line 63.	73 74a 76	1,306 1,306 2,306
Direct deoptics' See page 5' and that in 746, 740, and 740, or form 8988. Amount You Owe Third Party Designee	71 72 73 74a ▶ b ▶ d 75 76 77 Do:: 0:edis	Anount of line 73 you want retunded to you. If Form 8988 is attached, check here. Anount of line 73 you want retunded to you. If Form 8988 is attached, check here. Anount of line 73 you want retunded to you. If Form 8988 is attached, check here. Fouring number Account number Account number Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 Estimated tax penalty (see page 62) You want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Concernational Personal identification. AN E HUDSON Personal identification.	73 74a 76 20mpte	1,306 1,306 1,306
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Ferm 8879

IRS e-file Signature Authorization

C449 No. 1545-0074

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Repartment of the Treessury represi Prevente Sarvice	 Do not send to the IRS. This is not a tax return. Keep this form for your records. See instructions. 	2006
Declaration Control Num	rber (DON) 00 - 313795 - 003157	
ampuret a norm	Sequid separatly num	
	N R PRYOR	·
POLYE'S DETA	Spouse's secial se	CURTY NUMBER
Part F Tax Re	turn Information - Tax Year Ending December 31, 2006 (Whose Dollars Only)	
 Adjusted gross inco 	mo (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 42,371
• •	0, line 63; Form 1040A, line 37; Form 1040EZ, line 11)	2 5,039
	withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7)	
•	, live 74s; Form 1040A, line 45s; Form 1040EZ, line 12a; Form 1040EZ-T, line 1a)	
	orm 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13) rer Declaration and Signature Authorization (Be sure you get and keep a	1
ndcated in the taic preparation field the entry to this ecolum Federal Taic Proyment System : acused EFTPS, This authoriza p payment, Empel postact the activetra the financial indicate	estables of any refund effect. So the easier for any delay in processing the return or refund, and differ date of any of the formation and the formation	ONFIDI
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Ohio Department of TAXATION

Please do not

use staples.

2006

IT 1040 Per 1056

Individual Income Tax Return

Your Social Security # (required) Spouse's Social Security # (only if Joint return) For the year Jan. 1-Dec. 31, 2006 or other taxable year beginning Check If Check If deceased deceased 2006 Jan. 1. Please use only UPPERCASE letters. Your first name M.3. Last rame SHAWN PRYOR R Spouse's first name (only if joint return) Last came Home address (number and street) 35 ASPEN COURT ZIP code City Staw Onic county (first four letters) CINCINNATI OH 45246 HAMI Foreign country Foreign postal code In care of executor's name (must indicate if refund will be issued in decedent's name) CONFIDENTIAL Ohio Residency Status (see instructions on page 9) Part year X Resident Nonresident State abbreviation resident from: Filling Status - Check one game as reported on located income tax resort Please do not use staples. Place your W-2, check and IT 40P on top of your return. X. Single or heard of household. Married filing jointly Place any other supporting documents or statements or qualitying widow(er) Married filing separately after the last page of your return. ontor spouso's SS# Go paperless. It's FREE! Ohio Political Party Fund Yes No Try I-File. Do you want St to ge to this fund? tax.onio.gov It joins return, does your spouse want \$1 to go to this fund? . . . Books, Charaking "Yes" will not increase your lab or decrease your record File electronically and receive your **Ohio Public School District Number** refund in 5-7 days by direct deposit! 3116 (see pages 35-39) INCOME INFORMATION 1. Federal adjusted gross income (from tederal forms 1040, line 37; or 1040A, line 21; or 42 371 00 00 3. Onlo adjusted gross income (line 2 added to or subtracted from line 1) 42 371 00 1 400 00 I times \$1,400 and enter the result here 4. 4. Multiply your personal and dependent evernptions 40 971 00 SIGN HERE (required) I have read this return. Under penalties of penjury, I declare that, to the best of my knowl-For Departmental Use Only edge and belief, the return and all enclosures are true, correct and complete. 01-29-07 Your signature Date 5133137612 Spouse's signature (it titing jointly, BOTH must sign) Phone number 5139889609 Ccde Preparer's signature Prione number

NO Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Payment Enclosed - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057 Ohio Department of TAXATION



2006

IT 1040 No 1000

Please do not use staples.

06000267

Individual Income Tax Return

	AND CREDITS Social Security	y no			
6.	Tax on line 5 (see tax tables pages 28-34)		1 2	271	00
7.	Credits from Schedule B (from line 58 on page 4 of form IT 1040)				00
8.	Ohio tax less Schedule B credits. (Subtract line 7 from line 5. If line 7 is more than line 6, enter -0-) 8.	,	1 2	71	00
9.	Exemption credit: Number of your personal and dependent exemptions 1 times \$20 9			20	00
10.	Ohio tax less exemption credit. (Subtract tine 9 from line 8. If tine 9 is more than line 8, enter -0)		1 2	25,1	00
	Joint filing crodit (see instructions on page 14 and include documentation) % times line 10				
	(limit \$650)			د	00
12.	Onic tax less joint filing credit. (Subtract line 11 from line 10. If line 11 is more than line 10, enter -5)		1 2	251	0.0
13.	Residentinonresident/part-year credits (Sch. C or D) and nonrefundable business credits (Sch. E)	•			00
	Ohio income tax before manufacturing equipment grant. (Subtract line 13 from line 12. If line 13 is		2 0	:51	0.0
	more than line 12, enter -0-)		1 d.	. .	0.0
	Manufacturing equipment grant. You must include the grant request form		•	4	
	Otio income tap. (Subtract line 15 from line 14, if line 15 is more than line 14, enter -0) 16. Interest penalty on underpayment of estimated tax:		1 2	251	UU
•••	Chock if form IT 2210-1040 is included 17.	◄ INTEREST	PENAL	TY	
18.	Unpaid Ohio use tax (see worksheet on page 27)	◄ USE TAX			
. •	The amount you show on this line is pan of your total income tax hability for this year.				
19.	Total Ohio tax (add lines 16, 17 and 18)			251	
DA	(MENTS		. 31. 34.	• (• • • ()	
20	Ohio Tax Withheld (box 17 on your W-2). Include W 2s on front of return AMOUNT WITHHELD ▶20.		T :	525	00
21.	2005 overpayment credited to 2005, Onio 2006 estimated tax and 2006 IT 40P payments 21.		_		00
	2005 overpayment credited to 2006, Onio 2006 estimated tax and 2006 IT 40P payments 21. a. Refundable business jobs credit b. Befundable passe through entity credit		-		00
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23. RE 24. 25. 25. 27. 28.	a. Refundable business jobs credit OO Must include certificate(s) Total of lines 22a and 22b Add lines 25, 21 and 22 Add lines 25, 21 and 22 TOTAL PAYMENTS > 23 FUND OR AMOUNT TOU OWE Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). Check here and enclose form IT 40P (see page 41) with the front of return it you are enclosing a payment Check here if you have paid or will pay with an efectivenic check or credit card (see page 41) AMOUNT YOU OWE > 24. If line 23 is GREATER than line 19, subtract line 19 from fires 23. AMOUNT OVERPAID > 25. AMOUNT OVERPAID > 26. OO Amount of line 25 to be credited to 2507-estimated income tax liability. CREDIT > 26. OO Amount of line 25 that you wish to donate to the Mistary Injury Reflet Fund. Z7. OO Amount of line 25 that you wish to donate for Onic's wildlife species and conservation of endangered wildlife Species and conservation of endangered wildlife Species and conservation of endangered wildlife		Trescuries	a of Sass	00 00 ••••••••••••••••••••••••••••••••
23. RE 24. 25. 25. 27. 28.	a. Refundable business jobs.oredit OO Nust include certificate(s) Nust include certificate(s) Total of lines 22a and 22b Add tines 20, 21 and 22 Add tines 20, 21 and 22 TOTAL PAYMENTS ▶23 FUND OR AMOUNT YOU OWE Amount You Owe (if tine 23 is loss than tine 19, subtract line 23 from line 13). Check here and enclose form IT 40P (see page 41) with the front of return it you are enclosing a payment Check here if you have paid or will pay with an electronic check or credit card (see page 41) AMOUNT YOU OWE ▶24. If time 23 is GREATER than line 19, subtract line 19 from fine 23 is GREATER than line 19, subtract line 19 from fine 23 to be credited to 2007-ostimated income tax liability. CREDIT ▶26 OO Amount of line 25 that you wish to donate to the Mintary Injury Reflet Fund		Trescuries	a of Sass	00 00 ••••••••••••••••••••••••••••••••
23. 25. 25. 27. 29.	a. Refundable business jobs.credit b. Befundable pass through entity credit 0.0 0.0 Must include certificate(s) blust include K-1(s) 22. Add tines 22a and 22b		Trescuries	a of Sass	00 00 ••••••••••••••••••••••••••••••••

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Batch #00114

Tax Withhald

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Micdicary Tax Withhold Box 6 of W.2

8.8

Box 14 of \$ 2 KAS TAS

35 ASPEN CT. SHAWN IN PRYOR est timployero's name, addition, and 219 code

CINCINNATI, OH 45245

Employer's PED ID number of Employee's SXA number 05-05-0075 Seeded encountry resignation 6000.00 6000.00 Medicare tax winded AND THE MENTERS 898.26 372.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, tile a new W-4 with your payroll dept

SHAWN R PRYOR 35 ASPEN CT. CINCINNATI, OH 45246

Social Security Number. Exemptions Alexandes Taxable Market Space: SINGLE

2 m FEDCRAL: 1

O THOSE ACTIONATIO CRETA PROPERTY AND INC

THE COURT DOLLARS THE

204.21

60.00

SO LOCARY TOWNS

18 Local wages, bps, clc.

6000.00

¥

52-060898

Employer's shale ID no. 16 Same mages, tips, etc.

1.5 See som Feet preside party see

CONFIDENTIAL

2006 W-2 and EARNINGS SUMMARY

The reverse slop includes general information that you may also find helpful This have Earnings Summary section is included with your W-2 to help describe portions in more detail.

				<u></u>
Bara Incama			0754 FE	The following
			90 400	internation reflect
page on Medican Tax	四十二十五十	Tax Withheld	Secret Security	s your final 2006 p
S			## 8 8	ay ship pive any
から の変 あえをい	Local Income Tax	日間 にままら	OH. State Income Tax	1. The following intermetion reflects your final 2500 pay stub plus any adjustments submitted by your employer.
	8		22 22	y your employer.

	4
Gran Pay Reported W-2 Weges	2. Your Gross Pay was adjusted as follows to produce your W-2 Statement Wages, Tips, other OH, State Wages, BLUE ASS Compensation Tips, Fig. Local Wag Box 1 of W-2 Box 16 of W-2 Box 18 of
6,000.00 6,000.0 0	adjusted as follows to Wagges. Tips, other Compensation Box 1 of W-2
6,000,00	produce your W-2 Statement OH, State Wages, BLUE ASSH Tips, Ftc. Box 16 of W-2 Tips, Etc. Box 18 of W-2 Box 18 of W-2
6,000.00	BLUE ASH Local Winger, Tips, Etc Box 18 of W-2
6,000,000 6,000,000	Social Security Fages Don 1011-2
6,000.00	Medicare Wayes Box 5 of W-2

CONFIDENTIAL

2006 W-2 and EARNINGS SUMMARY

of 64

FASTE USE Sale, accurate,

Employee Reference Copy

M. W. Martin St. D. S. Contraction. SHE GRAN SHE PUR BEEN

Wage and Tax

Statement

WORN FOR POSICION

Sign

6

C. inches ...

Constitues a mane, address, and the code

Colored printers

This summary section is included with your 8-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus arty adjustments made by GREESS PAY y your employer. 35,485.91 SOCIAL SECORITY 2,520.98

STATE INCOME THE BOX 17 OF N-2 TAX MATTERELLA FED. LHCOME DCAL INCOME TAX 5,417.35 1,370.57 0.00 SUI/SOI 80% 14 OF W-2 BOX OF OF W-2 MEDICARE TAI

0.00

589.58

SHAWN PRYOR 7807 JOHN ADAMS LN DAYTON, OH 45459-0000

> Special Country Mumber: Total Section States

To change your employee W-4 profile information file a new W-4 with your payroll department

Carrylliona Allowances.

Frederick: 1

Stude. 1000

the property of a property of

HUDSON	TAX	SERV	ICE
4 POTTI	er s	FREET	
TRENTO	N, OI	H 450	67
513 988	8-96	9	

2000

January 26, 2001

SHAWN R PRYOR 1101 YOUNG STREET MIDDLETOWN, OH 45044

Your 2000 Federal tax return has been prepared and consists of the following forms:

1 1040	1 OH IT1040
1 1046 pg 2	1 OH Elec Fil
1 1040 Worksheet	1 IR CITY #1
1 Form 8453	1 IR SUP STMT

Summary of the 2000 Federal tax return:		
Total income		
Total adjustments	113.00	
Adjusted Gross Income	15,499,00	
Standard deduction	4,400.00	
Total Federal Tax	1,241.00	
Marginal tax percentage rate		÷
Total payments	1,476.00	
Amount Overpaid	235.00	
Amount of your Federal refund	235.00	

Summary of the Ohio State Tax return:	
Total Onio Individual Income Tax	205.00
Amount of your Ohio State refund	20 581

Susmary of the MIDDLETOWN Tax return:	
Total Income Tax	207.00

INVOICE

000158

HUDSON TAX SERVICE 4 POTTER STREET TRENTON, OH 45067 513 988-9609 TAX YEAR 2000

January 26, 2001

SHAWN R PRYOR 1101 YOUNG STREET MIDDLETOWN, OH 45044

Summary of forms prepared:

1 Form 8453 N/C 1 IR SUP STMT N/C	1 1040	50.00	1 OH IT1040	N/C
	1 1040 pg 2	N/C	1 OH Elec Fil	N/C
	1 1040 Worksheet	N/C	1 IR CITY #1	N/C

BALANCE IS DUE UPON RECEIPT.

THANK YOU!

INVOICE

000158

HUDSON TAX SERVICE 4 POTTER STREET TRENTON, OH 45067 513 988-9609

TAX YEAR 2000

January 26, 2001

SHAWN R PRYOR 1101 YOUNG STREET MIDDLETOWN, OH 45044

Summary of forms prepared:

1 1040 1 1040 pg 2 1 1040 Worksheet 1 Form \$453	00	N/C N/C N/C N/C
---	----	--------------------------

TOTAL TAX PREPARATION FEE. 50.00

AMOUNT DUE. 50.00

BALANCE IS DUE UPON RECEIPT.

THANK YOU!

FILING INSTRUCTIONS

2000

SHAWN R PRYOR

Prepared by HUDSON TAX SERVICE 513 988-9609

Form 1040 U.S. Individual Income Tax Return

- * Due Date: April 16, 2001
- * Your tax return has been filed electronically.

Ohio State Income Tax Return: Form IT-1040

- * Due Date: April 16, 2001
- * Your Ohio State income tax return has been filed electronically.

MIDDLETOWN City Income Tax Return:
* Due Date 4/30/00

- Please sign and date your return.
- Mail your return to:

CITY OF MIDDLETOWNINCOME TAX DIVISION PO BOX 8739MIDDLETOWN, CH 45042

F o		legatiment of the Treatury - Insertal Resemble Secretar	;	1		•
<u>lii 1040</u>		J.S. Individual Income Tax Return		IFG Use Only - Do nes emito s	o salalas a	Titles abace.
Label	ا ا	te the year lass 1 - Dec. 31, 2000, or other see year beginning	§ . 2000, profes	Q 29		OMB No. 1545-00/4
(See instructions	. 1	Your area name and asset	Logi name		Your :	social security number
	k B	SHAWN R	PRYOR			
Use the IRS	B E L	विञ्च दुव्यति १९९६)का, ६८६८५४ के विषया गामान्यक क्षार्थ्य व्यवस्था	lagina na		Spous	se's social security num
label. Otterwise.		Home address (resident and street). If you have a P.O. bo.	r. sod pæjo 19	Apt regi	1	IMPORTANT!
	Ħ	1101 YOUNG STREET		}		Ree must wair
	Ē	City, them or trick crick state, and ZP code il you have a	lereign eddress, son page 19	<u> </u>	1	ster Sideriadous.
Presidential L		MIDDLETOWN, OH 45044				
Election Campa	ngn	Note. Checking "Yes" will not change your			Yo	u Spouse
(See page 19.)		Do you, or your spouse if filing a joint recon	n, want \$3 to go to this turn	d? ▶	∏¥.	es X No Yes No
	1	X Single				
Filing Status	2	Married filing joint return (even if	only one had income)			
	3	Married Ming separate return. En				
Check only	1	Head of household (with qualify)	s person). (See page 19.)	If the qualifying person is a chi	55 5.4 not	manrace) time
one box		color this thick same hop.				
	5	Qualitying widow(er) with despend	ent child (;ser ;asces ded	►). (See page	19.)	····
•	6a	X Yourself, li your parent (or someo	ne else) can clavn you as	a dependent on his or he	и]	No efficient
Exemptions		tax return, do not checi			.	Chiboted (M
	_b	Spouse		· • • • • • • • • • • • • • • • • • • •]	53 end 60
	C	Dependents:	(2) December's	(S) Department (4) 3 d qua	aldyers:	No at your chiesen or its
If more than six dependents,		(1) him rama Last marca	social security number	nivatoriship to childus c yto childus ince	nii (s. 140a) Kasa 250a	ortical with your
					1	● dentity with Wer dubite state
					<u> </u>	OF BREAKABORN
See 1983/0° 20.						(see page 25)
					_	Dispersional or de not allered score
						except (r)
			,	1 4 4 4 4 4 4		kniz wiews > 1
•	7	Places, salarios, tips, etc. Attach Form(s) W-			7	15,612.
Income		Taxable interest, Attach Schedule Bill require			83	
Attach		Tax-exempt interest. Do not include on line				
Forms W-2 and		Ordinary dividends. Attach Schedule B it requ			3	
W-2G here. Also attach	70	Taxable refunds, cradits, or offsets of state at	td local income taxes (see	page 22)	10	
Form(s) 1099-R	11	Alimony roce/ved ,		,	11	
if tax was		Business income or (ices). Attach Schedule (<u></u>	12	
withheld.		Capital gain or (ices). Attach Schedule D if re	quired. It not required, ohe	ck hare 🕨 📗	13	
		Oilter gains or (fosses). Attach Form 4797			14	
If you did not		Total IPA distributions 15a		ble amount (see pg 23)	150	
get a W-2, see page 21.		Total pensions and armuities 16a	b Taxa	bie arrount (see pg 23)	160	
	17 18	Pontal roal estato, revalues, pertnershipe, So	comporations, trusts, etc. A	Rach Schedule E	17	<u> </u>
Enclose, but do not attach, any	19	Farmincome or (ioss). Attach Schedule F			18	ļ
payment. Also,		Unemployment compensation Social security benefits 20a	· · · · · · · · · · · · · · · · · · ·		19	
please use	21	<u> </u>	b laxa	ble amount (see pg 25)	20b	
Form 1040-Y.	22	Other income. List type and amount (see page			21	
· · · · · · · · · · · · · · · · · · ·	23	Add the amounts in the far right column for lin IRA deduction (see page 27)		our lotal income >	22	15,612.
Adjusted .	24	St. stent from Interest doduction (see page 27)	23	 		
Gross	25	Madical savings account deduction, Attach Fo		113.	-	
Income		Moving expenses, Attach Form 3903	1	 	-	
	27	One-half of self-employment tax, Attach Sche		1	3	
	28	Self-employed health insurance deduction (se		}	ان څا	
	29	Self-employed SEP, SiMPLE, and qualified pi			4.77	٠
	30	Punalty on early withdrawas of savings				
		Alimony paid in Recipient's SSN ►	30		- 3-3-3	
		Add lines 23 through 31a	313	<u>"I</u>		
		Subtract line 32 from line 22. This is your adj	exted firets income	• • • • • • •	32	113.
For Disclosure.		CY ACL and Paperwork Reduction Act Notice		<u></u>	33	15,499.

Fc/m 1049 (2	(OO)	SHAWN R PRYOR						Page 2
	34	Amount from line 33 (adjusted gross income)					34	15,499.
Tax and	35a	Check if. You were 65 or older, Brind	Spouse	was 65 or	older, Bisso.			
Credits		Add the number of boxes chocked above and enter t	the total here		→ 35a	10		
	. Р	If you are mainled filling separately and your spouse i						
	,	you were a dual-status alsen, see page 31 and check	k here		> 35t	,[*]		
Standard Deduction	3.5	Enter your itemized deductions from Schedule A li	ime 28 or sta	ndard dec	duction shown	_		
for Most	1	on the left. But see page 51 to find your standard de-	duction it you	checked a	my box on		36	4,400.
People	37	line 35a or 35b or il someone can claim you as a der Subtract line 35 from line 34	pendant				37	11,099.
Sreig.	38	If line 34 is \$96,700 or less, multiply \$2,800 by the to	and number of	l exemption	ns risimed on		1 7 7 7	
21-000	"	fine 6d. If line 34 is over \$96,700, see the worksheet		•			38	5 966
Head of	1	Taxable Income. Subtract line 38 from line 37. If line					39	2,800.
house st	35					• •	 	<u>8,299.</u>
\$6.450	40	Tax (see pg 32). Check if any tax is from a I	rom42) 2314	1 b	Form 4972	• •	40	1,241.
Niteraco divid	š 1	Alternative minimum tax. Attach Form 6251		• • • •			41	0.
lower or	42	Add lines 40 and 41					42	1,241.
Constraints wideocers:	43	Fereign tax credit. Attach Form 1116 if required	 -	- 43				
57.250	44	Credit for child and dependent care expenses. Attack	th Form 2441	44				
	45	Credit for the elderly or the disabled. Attach Schedul	æR	45			e tuya. ••	
Married	45	Education credits: Attach Form \$863		. 46				
Saparano's.	47	Child tax credit (see page 35)		47				
\$3,675	48	Adoption crackt, Attach Form 8839		48			. 12	
	49	Ones, Check if from a Form 3800 b	Form 8396				37.37	
		c Form 6801 d Form (specify)	_	49		,		•
	50	Add incs 43 through 49. These are your total credit	T3	-			50	0.
	51	Subtract line 50 from line 42. If line 50 is more than li				▶	51	1,241.
	52	Self-employment tax. Attach Schedule SE					52	
Other	53	Social security and Medicare tax on to income not re	enanteri ta en	onlover Atl	lazin Form 4137		53	
Taxes	-	Tax on IAAs other represent plans, and MSAs. Am					54	
IAACS	54	Advanced earned income credit payments from For		Con to Atom			55	
	55 55		0537 14-2				56	· · · · · · · · · · · · · · · · · · ·
	55	Household employment taxes. Attach Schedule H		· · · ·			57	1,241.
Daymont	57	Add lines 51 through 56. This is your total tax	200	59	1 1	<u>476.</u>	3:1.5	1,241.
Payments		Focieral income tax withheld from Forms W-2 and 10			-	2 /0 -		
] ⁵⁹	2000 estimated tax payments and amount applied in	icai issa ien	60a				
li you have a quadrong	1	Earned income credit (EIC)		77.73				
child attach	6	Nortaxable earned income, amount						
Screense Fig.	l	and type >		T	1			
<u> </u>	J 61	Excess social security and RRTA tax withhold (see	page su) .	61	ļ			
	62	Additional child tax credit. Attach Form 8812		. 62				
	53	Amount paid with request for extension to file (see p		<u>E3</u>				
	64	Other payments. Check if from a Form 2439 t	<u></u>	·	J		789	
	65	Add lines 58, 59, 60a, and 61 through 64. These are	e your total po	ayments		, , ▶	85	1,476.
Refund	66	If line 65 is more than line 57, subtract line 57 from li	iino 65. This is	s the emou	nt you overpaid		66	235.
Have it	574	Amount of line 85 you want refunded to you .	<u> </u>			►	67a	235.
Capralised	► b	Routing number	∤ ► c	Type:[7]	Checking S	avings.		
Sire page 50	≯ d	Account number						
and fix in 60s. 67s and 67s	68	Amount of line 96 you want applied to your 2001 e	estimated tax	< ▶ 68				
Amount	69	If line 57 is more than line 65, subtract line 65 from li	line 57. This is	s the amou	int you owe.			
Amount		For details on how to pay, see page 51				▶	69	
You Owe	70	Estimated tax penalty. Also include on line 69		70				
Sign		one mider shift herieness event I sertere that I severe seamened this rebits and						
Here	þ.	f. Dury are have, consect and complete. Declaration of preparential sec	1301402410	ን ያቀታቀብ በሶ ትክ	volumes of epicy b	የተጀምለት፤ በተያ	t pry bys	aredja .
John resemb	Ya.	ngrasare Dat	đo	Non-pagings	mor pour	est seed to be		
See page 12.			9	SYS M	NAGER			
for your life in the same of t	5.jx	petario cense, ragionnacies, Bolls recession. Co	g o	500,463.00	Coperson lides in	e iPis diago	ar Bur u	turn with the preparer shown below?
ner-trans			1			 		X Yes No
	Pro	arses &	0	lat o	Creck if		Proces	ers SSN or PTIN
Paid		atture P	0.7	1/26/2	2001 sen-encesy	es 🗍	1	312-76-3162
		HUDSON TAX SERVI				\$ N		34-1915840
Use Only			- : : = - : : : : : : : : : : : : : : : 				<u> </u>	
		TRENTON, OH 4506	7			Phone	no K	13 988-9609
	,	Crayright Form Schwi		Statement last		•		

IT-1040 OHIO Income Tax Return 2000

F:	or the year Jam. 1-Euro. 31, 2006 or When too able year origing	<u>.</u>	Social Security Numbers	must be filled-in below.
ij	र्परका ग्रीहर स्थापन	Ladit restrec	Your social security marries	Filing Status - check only one
ŝ.	SHAWN R	PRYOR		X Single in House of House is de
6	ir a joint require, a produce is it can example his part	Landication	Spootiff's poolid security number	Market tring laint rener.
c				Married faing separaters, sinter
; [Home address i surrises and spreas	A.C. Varibor	Chickens,	Spread 531
Р	1101 YOUNG STREET	right. You have		392443 831
P .	Displayers on poer control, name and TVP mode		BUTL	<u> </u>
v	· · · · · · · · · · · · · · · · · · ·		Ohio Public School	▶
٦٠	MIDDLETOWN OH 45044		District Number	0906
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Ohio Residency Status (see Instructions)		Ohio Political Party Fund	Yet No
н	X Resident	Part-Year Resident from:	Do you want \$1 to go to this hand?	<u>X</u>
4	Nonresident	00 00	It com moram dises soor social wards	i to go te this lund" , .
بلغ	State of Antibleton		Note: Creating "Vest will not include	no pour tox se discensió jina nessis.
1	 Federal Adjusted Gross Income (from Fed 	leral Form 1640, line 33; er 1640A, line	e 19; or 1040EZ, line 4; or 1040	TEL; 1 15,499.
NC	2. Onio Adjustments (from line 44 on page 2			
0	3. Ohio Adjusted Gross Income fine 2 subtra	icted from or added to line 1)		
₩ E	4 Multiply your personal and dependent exer			1,100.
	5 Ohio Taxable theome (subtract line 4 from		a diffin the total little	
	6. Onio Tax before Credits (see tax tables)			
7	7. Credits from Schedule 8 (line 53 on page 2			
ÁX				
X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
A	The state of the s		times \$20	
N	10. Onto Tax loss Exemption Credit (Subtract)			
_	11. Joint Fäing Credit (see instructions and atti		nes line 10 (lima \$650)	17
CHED	12. Onlo Tax less Joint Filing Credit (subtract)			
톤	13. Resident/Part-Year Credits (S			13
ı	14. Onlo Income Tax (Subtract line 13 from line	e 12. If tine 13 is more than line 12, en	ler zero.)	14 205.
T	15. Interest Penalty on Undergrayment of Estin	rated Tax: Creckif Form IT-2210	altaphed 15	
-	16. Chic Use Tax (please see worksheet)	<i></i>	16	
L	17. Total Onio Tax (please add time 14, line 15,	, and time 16)		17 205.
P	18. Onio Tax Withheld (box 18 on your W-2)	+	-	
♦	(attach W-2's to the back of this	form) AMOUNT WI	THHELD ➤ 18.	88.
М	19. Unic Estimated Tax, IT-40P Payments for:	2000, and 1999 Overpayment Credite	d to 2000 , 19	
MEX	20. Refundable Business Jobs Refu	ndable Pass-through Entity Tot	al of	
3	Credit 20a Credi	ts 200 20a	8.20020	
	21. Add lines 18. 19, and 20	TOTAL PA	YMENTS ► 21 3	88.
	22. If line 21 is LESS than line 17, subtract line	21 from line 17. Assets payment made		
R	Check here it you have paid or will pay			
F	73 If sine 21 is GREATER than line 17, subtras		AMOUNT OVER	
Ü	24. Amount of time 20 you wish to DCn(ATE ter conservation			300
ã		seck box and enter amount on line 24	24	}
١,	25. Amount of line 23 year was to CKANATE for nature price	•		
['		reck how and enter amount on line 25		
S.	26. Amount of line 23 to be credited to 2001 es			
Ē	27. Amount of line 23 to be refunded (subtract		k	FUND ▶ 27 183
	IF BALANCE DUE IS LESS THAN \$1.01 PAY			
	I have reed this return. Under pensities of perput			
\vdash	Your sign assets	Date		MENTAL USE ONLY
S	•		FVA DECAM!	HEITING DOE WILL!
42	Core and a style come of them form, GOTH mest night	Prote manner (materials	.	15n
24	199	-		111
100	Provided signature and society incodes; a place)	Frepara's Frices Number	EFFNDCREET PRECEDEST - MAR TO-	\$ 2848@11 (NOLOGED - MAA TO
S E		513 988-9609	OHIO DEPARABEBILION ON MARKET	CHRC DEPARTMENT OF TAYARDO
-			FID ROKIDENS	P.O. 909, 2751
	HUDSON TAX SERVICE	1 1	COLUMNUS CARC 4210-3619	COLUMBUS, ONC 432 to 505 t
	4 POTTER STREET	∮		
1	TRENTON OHIO 45067	ļ		

FORM IR PLEMIN	INCOME TAX RETURN FOR 20	10 Been control on and our commen	Ctar (secon
CITY OF MIDDLETOWN	MIDDLETOWN	0 0 MANÉ CHECK OR NOMFY CHIDETI I'MYABLE TO	- !
INCOME TAX DIVISION	Primo reguired even if no tax due.	CITY OF MIDDLETOWN	
PO BOX 8739		OTAL OF MICOSCHOOL	
MIDDLETOWN, OH 45042	TAXOFFICERICHE (513) 425	- 7859	
ON 09 REFORE 4/30/01			
Machine 100	ADDPESS Slower		
TAS PAS ENX NAME AND ADDRESS	Ç _i y		
	15	DEFHORE: Hore 513-422-3164	
SHAWN R PRYOR	Sc	CIAL SECURITY NO	
1101 YOUNG STREET	1""	ZZPZ1EM	
MIDDLETOWN, OH 45044]	SPOVSE	
	IF MOVED SPACE THE P	revicus final return was due cayé gate:	
	INFO CITY	o-courtor	
NOTE: Page 2 must be completed if you hav	e taxable rental property or business in	come.	
1 WAGES, SALARIES, TIPS AND OTHER EM	PLOYEE COMPENSATION (ATTACH ALL	W-2 St	13.793.
•			<u> </u>
2 OTHER TAXABLE INCOME (SEE INSTRUC	TIO:4S}		
3 TAXABLE INCOME: LINE 1. PLUS LINE 2			13,793.
			
4 MUNICIPALTAX 10150 OF LINE 3. 5 CREDITS	• • • • • • • • • • • • • • • • • • • •		207.
A TAX WITHHELD BY EMPLOYER FOR C	TO OF BUTTOUT PROVIDENT	_	
The state of the content of the	MY OF MIDDLEIOWR	<u> </u>	
B ESTIMATED TAX PAID CITY OF	MIDDLETOWN	\$	
	2 - 4 2 W 10 1 1 C 11 1 4		
C TAX PAID CITY OF SEE	STATEMENT NOT TO E	CEED.0150 s207_	
D PRIOR YEAR OVER PAYMENTS			
E TOTAL CREDITS		- · · · · · · · · · · · · · · · · · · ·	207.
_ \			
6 IF LINE 4 GREATER THAN LINE 5E PAYME	INT OF BALANCE MUST ACCOMPANY T	THIS RETURN. TAX DUE	
A FENERALLY'S . WITEHOST'S			 _
B TOTAL AMOUNT DUE			
7 OVERFARMENT TO SEPECTURE DIS	(#C#65-19.03	TO NEXT YEAR ESTIMATE	
	DECLARATION OF ESTIMATED TAX FO		
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8 TOTAL POODER SUBJECT TO TAKE			
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\$ 1988 EXPECTED TAX CREDITS	RYADJA 9. 157 byleje	.0150 год соезентал от 🔻	
9 IFSS EXPECTED TAX CREDITS	को साम स्था १८ व्यक्तिक	. 0150 год сесенти от 💍	
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		. 0150 FOR GRESSTAN OF 5	
А мноперачеченоченовотно МТ	DDLETOWN	· · · · · · · · · · · · · · · · · · ·	
A WHAREIDAY FURLOYER FOR CITY OF MI B OFERVARIENT FROM PROMITERS. C PAYMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL OREDIS	DDLETOWN	· · · · · · · · · · · · · · · · · · ·	
A WITHOUT DAY FUNCTION FOR CITY OF MI B OFERVARIENT FROM PRICE TEARS: C PAYMENTS ON TAXABLE INCOME TO ANOTHER	DDLETOWN	· · · · · · · · · · · · · · · · · · ·	0.
A WITHOUT DAY FLOW OFFICER CITY OF MILE B OFFICE ASSENTANCE THREAD PROOF TEARLS: C PARTICULAR STREAMS EINCOME TO ASSETT D TOTAL CREDITS 10 NET TAX DUE 8 INCESTED SO;	DDLETOWN SHAMMOPALTY ASSISTED . C.1	· · · · · · · · · · · · · · · · · · ·	0.
A WHAREIDAY FURLOYER FOR CITY OF MI B OFERVARIENT FROM PROMITERS. C PAYMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL OREDIS	DDLETOWN SHAMMOPALTY ASSISTED . C.1	· · · · · · · · · · · · · · · · · · ·	0.
A WINDERD BY EVENOWER FOR CITY OF MI B OFERVARIENT FROM PROMY YEARS C HAMMEN BONT AXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE 8 INCERTES LINE 80; 11 ANOUNT PAREWITH THIS DECLARATION (NOT LESS T	DDLETOWN SHAMMOPALTY ASSISTED . C.1	· · · · · · · · · · · · · · · · · · ·	o.
A WITHHELD BY FLERLOWER FOR CITY OF MIL B DEER VARIANT FROM PROMITE ALSO C HANDLESS TRANSPORTED TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE & INCERTINE RUBS LINE SO; 11 ANOUNT PAREWITH THIS DECLARATION (FOR THE STANDURAL PAREWITH THE	DDLETOWN SHAMMOPALITY ACTION COLORED CI SAN 1% OF LINE 1G [CMC] 11:13	50 s	0.
A WITHHELD BY FLERLOWER FOR CITY OF MIL B DEER VARIANT FROM PROMITE TO ANOTHE C HANDLENG OF TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE & INCERTED SUINCESO; 11 ANOUNT PARE WITH THIS DECEMBER MY HOT (FSS T- 12 ANOUNT ENCLOSES (LINE 6) S	DDLETOWN SHAMMOPALITY NOT TO EXCEED . C.1 CAN THE OF LINE TO, (NOT 11).1 (NOT 11).1	50 s TOTAL 1	0.
A WITHHELD BY FURLOWER FOR CITY OF MI B OFERVARIENT FROM PRICE YEARS. C PAYMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE II MAE BLESS LINE SO: 11 ANOUNT PROMOTH THIS DECLAMATION (NOT LESS THE CONTINUED OF LINE 6). S EX PRICE MAD AND ONE WINDOW PROMOTHERS THE CONTINUED OF LINE OF LINE AND DELIGHT THAT HAVE FERRANCED THIS PETER AND DELIGHT IN STRUCK, CLERKE OF TAXABLE CONTINUED OF LINE OF	DDLETOWN SKIND OF LINE 10 (MOE 11) (MOE 11) MAN 12 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON SEE AN EXAMPLE 1	S S S S S S S S S S S S S S S S S S S	0.
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A WITHHELD BY FURLOWER FOR CITY OF MI B OFERVARIENT FROM PRICE YEARS. C PAYMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE II MAE BLESS LINE SO: 11 ANOUNT PROMOTH THIS DECLAMATION (NOT LESS THE CONTINUED OF LINE 6). S EX PRICE MAD AND ONE WINDOW PROMOTHERS THE CONTINUED OF LINE OF LINE AND DELIGHT THAT HAVE FERRANCED THIS PETER AND DELIGHT IN STRUCK, CLERKE OF TAXABLE CONTINUED OF LINE OF	DDLETOWN SKIND OF LINE 10 (MOE 11) (MOE 11) MAN 12 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON WHOM SEE AN EXAMPLE 10 MAN 2 OF COMMON SEE AN EXAMPLE 1	S S S S S S S S S S S S S S S S S S S	0.
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A WHATELD BY FLENCOMER FOR CITY OF MILE B OFERVACION FROM PROM YEARS C MAY MENTS ON TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE II MAE BLESS LINE SO; 11 AMOUNT PARE WITH THIS DECLAMATION FROM LESS THAT INCOME PROCESSES E MILE THAT THAT HAD BEEN SHOWNED THIS FIRST COME AND SELVED IT IN TRUE, CLAMATED THAT COME OF WHICH PREPART IN HAD AND TOTAL CREATER TO SOFTHER OF PARENT PROCESSES SOFTHER OF PARENT PROCESSES SOFTHER OF PARENT PROCESSES	DDLETOWN SKINDING PALITY ACT TO EXCEED C1 TAN 1'A GELINE 1C) [CINCE 11]3 [CINCE 11]3 [CINCE 11]3 ACT TO ACT	TOTAL 1 SOCIAL 1 FORM TO PROGRAMOR OF PARAMETER TOTAL 1 FORM TO PROGRAMOR OF PARAMETER OF MY NAGRETICAL FOR THE CECLARATION BASED ON ALL INFORMATION:	
A WITHHELD BY FURLOWER FOR CITY OF MILE B OFERVARIENT FROM PROM YEARS. C PAYMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE 8 INVESTEDS LINE 807 11 ANOUNT PARR WITH THIS DECLARATION (FOT LESS TOTAL CREDITS) [UNIT 1840 WITH THIS DECLARATION (FOT LESS TOTAL CREDITS) [UNIT 1840 WITH THIS TEXABLEST THIS FILE ROLL AND SELECT HIS TEXABLEST THIS FILE ROLL AND SELECT HIS TRUE, ALL RELOT THIS TOTAL CREMITS OF WHICH PREPARTS HAS ANY ENGINEERY OF WHICH PREPARTS HAS ANY ENGINEERY OF WHICH PREPARTS HAS ANY ENGINEERY.	DDLETOWN SKINDED OF THE CO CHECK TO COMMENT OF THE COMENT OF THE COMMENT OF THE	TOTAL 1 TOTAL 1 FEMERATS: AND TO THE REST OF MY NADRICENCE THE CECLARATION BASED ON ALL INFORMATION.	
A WHATELDRY FLEUCYCELECTOR CITY OF MI B OFERVARIENT FRAM PROM YEARLS) C PARMENTS ON TAXABLE INCOME TO ANOTHE D TOTAL CREDITS 10 NET TAX DUE II MAE BLESS LINE SO; 11 ANOUNT PARMENTH THIS DECLARATION FROT LESS THE TAXABLE THAT BROKESED [UNIT 6:5] E PIRT MATERIAN OF CONTROL OF STATE OF SHIPM HELD AND SELVER ITS THAT THAT THAT IS ANOTHER TO SHIPM CONTROL OF SHIPM PREPARED HELD AND SELVER ITS THAT THAT THE SHIPM HELD AND SHIPM PREPARED HELD AND SHIPM PROPARED HELD AND SHIPM PREPARED HELD SHIPM PREPARED HELD SHIPM PREPARED HELD SHIPM PREPARED HELD SHIP	DDLETOWN SKINDED OF THE CO CHECK TO COMMENT OF THE COMENT OF THE COMMENT OF THE	TOTAL 1 SHARED THE PROSESSION OF PAR SHARED ON ALL INFORMATIONS TOTAL 1 PROSESSION OF THE REST OF MY NAGARIEUGE OFFI THE CECLURATION BACKS ON ALL INFORMATIONS CONFIDENTIAL CONFIDENTIAL	

SHAWN R PRYOR Form JR

VIII.	
	NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO
	CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

13a	Profit from any business owned (attach indexal sesseduic C)	
130	Add items not deductible	•
Зc	Subtract items not tavable	-
13	Line 13a plus line 13h loss line 13e	, -
44	Rental income (attach federal schodule E)	
45	Additema not doducebie	
4c	Subtract items not taxable	-
14	Lino 14a plus lino 146 tess line 14c , , , ,	•
5	Other income (attach appropriate federal schedule) , , , , , , , , , , , , , , , , , , ,	-
		•
6	Total other income (add lines 13, 14 and 15)	·
6	A. Net loss per previous city income tax returns (Operating losses may be carried ferward for a maximum period of five (5) years)	
6	A. Net toes per previous city income tex returns	\$
	A. Net loss per previous city income tex returns (Operating losses may be carried ferward for a maximum period of five (5) years) B. Total other income. CREDITS	\$
	A. Net loss per previous city income tex returns (Operating losses may be carried ferward for a maximum period of five (5) years) B. Total other income.	\$
17	A. Net toss per previous city income tex returns (Operating losses may be carried ferward for a maximum period of five (5) years) B. Total other income. CREDITS A. Destructible expenses: (attach IRS Form - Schedule 2106 - or other statement).	\$
	A. Net toss per previous city income tex returns (Opcreting losses may be carried ferward for a maximum period of five (5) years) B. Total other income. CREDITS A. Declaration expenses: (attach IRS Form - Schedule 2196 - or other statement).	\$
	A. Net toss per previous city income tex returns (Operating losses may be carried ferward for a maximum period of five (5) years) B. Total other income. CREDITS A. Destructible expenses: (attach IRS Form - Schedule 2106 - or other statement). \$ 8. Non-taxable income: (Explain)	\$

12,769. 223. MIAMISBURG Total credit line 5C. 207.

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PAGE 2

PHT.799.00

SUPPORTING STATEMENT, FORM IR CITY OF MIDDLETOWN

2000 PAGE 1

HANN R	PRYOR	•		····	SSN
1 Wages,	ages,	salaries, tips,	and other en	nployee	compensation
•		DESCRIPTION		_	AMOUNT
		TRACT INC	•		781.00
		TRADER FUB			12,789.00
		PC REVIEW			243.00
				===	======================================
			TOTAL AMOU	UNT:	13,793.00

CONFIDENTIAL

r,

SHAWN R PRYOR

1101 YOUNG ST MIDDLETOWN OH 45044INVOICE DATE: 01/22/2000

ID NUMBER:

TELEPHONE: 937-252-4111

Invoice No: INVOICE Description Form 1040EZ Form(s) W-2, Wage and Tax Statement Form 8453, Declaration for Electronic Filing Form 8867, Earned Income Credit Checklist RAL Application **CONFIDENTIAL** Summers: Mark Ecc 308 Total Charges 76.00 Discount Sales Tab Payments: Amount Day 76.00

I declare that I have reviewed the above texpayor's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I amonly a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Electronic Return Originators of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxparyer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Use	ERO's signature	Clibilar	Date Check if also point 01/22/2000 prepared	Check if self- employed	ERO's SSN or PTIN
Only	Firm's name for yours	INSTANT REFUND	TAX SERVICE	EIN	31-1487988
	it sett-emirdoveci)	4487 MARIE DRIV	E	ZIP code	
	and address	MIDULETOWN	OH		45044-
		and the second s			

best of it y knowledge and belief. They are used complete. This doctaration is based on all information of which I have any knowledge

Paid	Preparer's	ii s	nack selt- nployed []	Preparer's SSN or PTIN	
Preparer's	Firm's name (or yours		EIN		
Use Only	if self-employed) and address		ZIP code	•	

For Paperwork Reduction Act Notice, see instructions,

Ferm 8453 (1999)

9 84531

NTF 20004

GLD 2909

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Form 1040EZ	Department of the Treasury - Internal Revenue Service Income Tax Return for Single and Joint Filers With No Dependents (%) 1999	OMB 1	4o. 15-25-0678		
Use IRS Label Too the name, Index, dien rame I a jobs name, sprace in the name Her index as a surre Here address	SHAWN R PRYOR		Your soci	al security numb	er
included and sold not a special and a sold not a special and a special a	1101 YOUNG ST MIDDLETOWN OH 45044-		Spouse's se	cial security nur	nber
Presidential Election Campaign	Note: Checking "Yes" will not change your tex or reduce your colund Do you want \$3 to go to this fund?	► Y	es No X	▲ IMPORT You mus your SSN(s	t enter
(See inst.)	If a joint ratum, does your spouse want \$5 to go to this fund?	<u> </u>	es No X		
Income Attach	1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s)	1		Dollars 9,001.	Cents
Copy B of Form(s) W-2 here. Enclose, but	2 Texable interest it the lotal is ever \$460, you cannot use Form 1040EZ.	2			
do not stapie, any payment	3 Unemployment compensation, qualified state tuition program earn				
	and Alaska Permanent Fund dividends (see instructions).	3			
	4 Add lines 1, 2, and 3. This is your adjusted gross income.	4		9,001.	
Note: You must check Yes or No.	5 Can your parents (or someone else) claim you on their return? Yes. Enter amount No. If single, enter 7,050.00. If married, enter 12,700.00. See page 2 for explanation.	5		7,050.	
	6 Subtract line 5 from line 4. If line 5 is larger than				
	line 4, enter 0. This is your taxable income.	▶ 6		1,951.	
Payments and tax	7 Enter your Foderal income tax withheld from tex 2 of your W-2 form(s).	7		953.	
original.	8a Earned income credit (see instructions).				
I	b Nontaxable earned income, enter type and amount below. Type 3]8a	NO		
	9 Add lines 7 and 6a. Those are year total payments.	ō		953.	-
	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax			. , , , , ,	
	from the table on this line.	10		294.	
Refund Have it	11a. If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund.	tta		659.	
directly deposited! See	▶ b Routing number		- >		
instructions and fill in 11b.	► C Type. d Account Checking Savings number	•			 .
11c, and 11d.			COI	VFIDEN	ΓIAL
Acres crans write that	12 If line 10 is larger than line 9, subtract line 9 from fine 10. This is the amount you owe. See instructions for details on how to pay.	12	ياليدو ويطلق من والموافق من الموافق من والموافق الموافق الموافق الموافق الموافق الموافق الموافق الموافق الموافق الموافق الموافق	endregen meneral e su	
S Al. Y.		V. Parlandy promise .c.	7:	7 3	4 F.

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Acres unit 12 If line 10 is larger than line 9 subtract line 9 from line 9 f

Form 1040EZ (1999) SHAWN R' PRYOR

Page 2

Use this form if

- Your thing status is single or married filing jointly.
- You do not claim any dependents.
- You (and your spouse if merried) were under 65 on Jamusry 1, 2000, and not blind at the end of 1999.
- Your taxable income (line 6) is less than \$50,000.
- You do not claim a student loan interest deduction (see instructions) or an education credit.
- You had only wages, salaries, tips, taxable scholarship or fallowship grants, unemployment compensation, qualitied state tutton program earnings, or Alaska Permanent Fund dividends, and your toxable interest, was not over \$400. But if you carned tipe, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ. See instructions, if you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund disidends, see Instructions
- You did not receive any advance somed income credit payments.

If you are not sure about your filing status, see instructions, it you have questions about dependents, use Total bax topic 354 (see instructions). If you cannot use this form, use TeleTax topic 352 (see instructions).

Filling in your return

Enter your (and your spouse's it married; social security number on page 1. Because this form is read by a machine, please paket your numbers inside the boxes like this:

For tips on how to avect common mistakes, see ins tractions

Do not type your numbers. Do not use dollar signs.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Forteral income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

Remember, you must report all wages, salaries, and tips even if you do not get a W-2 form from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even it you do not get a Form 1099-INT.

dependents who checked "Yes" on line 5

Worksheet

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your SHOU รวาทย

(keep a copy for

year records)

	married) as a dependent, even it that person chooses not to do so. To find out it can claim you as a dependent, use ToleTax topic 354 (see instructions).	
A.	Amount, if any, from line 1 on page 1	

250.00 Enter total ► A. B. B. Minimum standard deduction C. Enter the LARGER of tine A or line B here D. Maximum standard deduction. If single, enter 4,990.00; if E. Enter the SMALLER of line C or line D herc. This is your standard deduction F. Exemplois amount. If single, enter 0. It pratried and--

-- both you and your spouse can be distried as dependents, order 0. --only one of you can be calmed as a dependent, enter 2 750.00.

G. Add tines E and F. Enter the total hore and on line 5 on page 1

If you checked "No" on line 5 because no one can daim you (or your spouse if married) as a dependent, enter on line 5 the amount shown below that opplies to you.

 Single, enter 7,050.90. This is the total of your standard deduction (4,300.00) and your exemption (2,750.00).

CONFIDENTIAL

 Married, enter 12,700 00. This is the total of your standard deduction (7,200 00), your exemption (2,750.0%), and your spouse's exemption (2,750.00).

Mailing return

Mail your return by April 17, 2000. Use the envelope that came with your booklet, if you do not have that envelope, see instructions for the address to use.

Paid preparer's use only

Under provided of property. Provides the Provides are alread this return, and to the best of my knowledge and belief, it is true, ported, in the last typical places of the second sources of come received during the tax year. This declaration is based on all information of religion has a large true each say the received.

Propager's signature Firm's name (or yours

Check 4 skil-Processor's SSN or PTA 01/11/2000 employed 31-1467958 EIN

See instructions

if self-employed) and

INSTANT REFUND TAX SERVICE 4487 MARIE DRIVE ZIP code MIDDLETOWN OH 45014-

9 1040EZ2 EAA NTF 22732 Pagy fight 1929 Graditand News 1 P. Front Sch

Form 1040EZ [1999]

Ĩ.	Γ-1040 OHIO Income Tax Return	1999		
Fo	SS St. 1-Uot 21, 1999-or over tentos year arous	GIAL SECURITY NUMBER(S) M	UST BE FILLED	IN BELOW
1	'our fast name Initial Less name HAWN R PRYOR	Your social security number	1 — -	check only one lead of Household
	a joint return, spouse a first name Initial Last name	Spouse's social security no.	Married file	ng joint return
ᇀᇆ┝	Innitial and the second and the seco		4 🖵	ng separately, enter
'1	fore address (number and street) Apt. Number 101 YOUNG ST	Ohio county	spouse	
LOH	The state of the s	BUTLER	SS#	
D D1	City, town or post office, state and ZIP code	Ohio Public School		1
	IDDLETCWN CH 45044-	District Number	0906	<u> </u>
77 E	Phio Residency Status (SEE INSTRUCTIONS):	Ohio Political Party Fund		Yes No
	X Resident ☐ Part-Year Resident From:	Do you want \$1 to go to this fur		
κp		It joint ifm , does your spouse v		
	MATE OF FLUIDLACK,	Note: Chapting "yes" will not increase	pour tax or decrease	
1	1 Federal Adjusted Gross Indome (year Federal Form 1860 line 25 or 1860), his ti		1	9,001.
N	Ohio Adjustments (from line 45 on page 2 of this return)			
CO	3 Ohio Adjusted Gross Income (fine 2 subtracted from or added to line 1)			9,001.
M E	4 Multiply your personal and dependent exemptions 1 times			1,050.
	5 Ohio Taxable Income (subtract line 4 from line 3)			7,951.
Ţ	© Ohio Tax belere Crodits (see tax tables)		····· - <u>-</u>	78.
A	7 Credits from Schedule B (line 54 on page 2 of this return)			
8.	8 Ohio Tax loss Schodule B Credits (subtract line 7 from line 6. If fine 7 is a	more than line 6, enter zero)	8	78.
i	Exemption Credit: Number of personal and dependent exemptions	1tmes \$20,	9	20.
R	10 Othio Tax less Examplion Credit (subtract line 9 from line 8. If fine 9 is mo			58.
CRED	11 Joint Filing Credit (see Petractions and attach decomposation)	% times line 10 (Limit \$650	.00) 11	
	12 Onto Tax less Joint Filing Credit (subtract line 11 from line 10)		, 12	58.
I S	13 Faskfent/Norwasident/Part-Year Credits (Sch. C or D) & Normfundable	• • • • • • • • • • • • • • • • • • • •		
	14 Onio Income Tex (subtract line 13 from line 12. If tine 13 is more than tine	e 12, enter zero)	14	58.
P	15 Ohio Tax Withheld (sman verze to page 2 of this horn) AMOUNT!	WITHHELD ► 15	112.	
. ♦	16 Onio Estimated Tax, IT-60P Pyrids, for 1999 &, 1998 Overpayment Cros	Shed to 1999 16		
YMENTS	17 Refundable Business Jobs Refundable Pass-through Entity	Total of	į	
N	Credits 170	17a & 17b 17		
Ţ	·	}		•
	18 Add lines 15 16, and 17		112.	
R	19. If line 18 is LESS than line 14, subtract line 18 from line 14 and enter the	· · · · · · · · · · · · · · · · · · ·		
REF	19a Interest Panalty on Underpayment of Esampled Tax; Check ▶ ☐ if F		19a	
Ü	195 Amount You Owo (edd lines 19 & 19a) Attach Payment made payable to		ł	
Ď	Transairer of State of Onlo.	AMOUNT YOU ()WE ► 19b	
0				
Ř	20. If line 18 is GREATER than line 14, subtract line 14 from line 18		PAID > 20	54.
A	prejudice:	•		
Á	\$3 55 \$10 Other Check box and enter amount on line 21			
	22 Amount of time 20 year week to USAATE for conservation or endangones appears and will disc	· ·	1	
O U	\$3 \$5 \$10 Other Check box and enter amount on line 22	22		
ŵ	23 Amount of line 20 to be credited to 2000 estimated tax liability	HEDII P ZJ		
Ë	24 Amount of line 20 to be refunded (subtract amounts on lines 19a, 21, 22,			F.4
NE ZHI	and 23 from line 29) BACANDO DUE IS LESS THAN THE PAYMENT NEED NOT BE MADE, AND IF THE CHERRATH	YOUR REP	<u>0₩0</u> ► 24 [54.
I NELL	ND 1971, BE ISSUED, Under perceives of periors. I declare that there coverings this return includes	bys acidentes crientagenes en		
140,000	erm, and to the best of my knowledge and best may be, mis true correct, and complain Declarations have during the terminature of seven prepared has any subsection.		LETHERATE HE	E BAHAY
		4 FOR DEPA	ARTMENTAL US	E OMEA
s	Tow Signature Date			
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HUDSON TAX SERVICE

JOAN E HUDSON 4 POTTER STREET TRENTON, OH 45967 COLUMBUS, OH 43270-2579

COLUMBUS ON COMPOST

Case 1:02-cv-00467-SS	INCOME TAX RETUR		Z/1 Z/ZUU/ MAKE CHECK (IR MOR		OSC US
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MIDDLETOWN, OH 45044		SPOUSE			1
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PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

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130 8	idd items net deducticie	.		\$		
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13e /	idd items not deductible			\$		
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13 L	ine 13a plus line 13b less line	13c plus line 13d plus line 13e k	ass line 13f	\$ <u> </u>	2,223.	
1 4 a F	Rental income (attach Federal S	Schedule E)	. 	\$		
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146 S	Subtract froms not taxable		. .	s		
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16 7	ctal other income (add lines 13	3. 14 and 15)			· · · · · · · · · · · · · · · · · · ·	2,22
		came tax returns			\$	
		ng losses may be carried forwar	-			
8	I. Total other income			• • • • •	\$	2,22
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			46 <u>7-SSB-</u>		;	nt 141-5				Page 26 of 64
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Declaration Co	najiyi kezing	Der (DCN)	HC In	dividus	al Incon	ne Tax D	aclar	ation		
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21	R COS		co. state, and ZiP c							your SSN(s) above.
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Part I Tax	Return la	tormation (Whole dollars o	niy)	· · · · · · · · · · · · · · · · · · ·					
			40, line 33; Fon		e 19; Form 10	10EZ, line 4)			1	26,054.
2 Total tax	(Form 104)	0, line 58; For	m 1040A, line 3	6: Form 104	10EZ; line 11)				. 2	3,108.
3 Federal in	icome tex	withheld (For	m 1040, line 59;	Form 1040/	A, line 37; Form	n 1040EZ, line 8)) .		3	2,628.
4 Refund (F	orm 1040.	, line 66a; Foo	m 1040A, line 4	3a; Form 10	40EZ, line 12s	j			. 4	0.
5 Arrount y	ou owe (Fe	om 1040, lin	70; Form 1040	A, line 45; P	orm 1049EZ I	ine 13)	· <u>· · · · · · · · · · · · · · · · · · </u>	<u></u> .	. 5	480.
Part II Deck	aration of	Taxpayer (Sign only after	Part I is com	pieted.)					
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For Paperw	ork Redu	ction Act No	tice, see separ	ate instruct	2002					Form 84\$3 (2501)
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1 PRYME GICas	e 1:	02-cv-00467-SSB-TSI	H Do	cument 141-	5	Filed 12/	12/20	07	Page 27 o	f 64
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	Ť	For the year Jan. 1 - Dec. \$1, 2001, or other:			G1 even		.29	7400	CM9 No. 1545-903	34
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instructions	L	SHAWN R		PRYOR)		• ·	
on page 19.)	A T	li a john ment, sprangia litsi nama architalia	*	Lastnane				Spousi	e's social secur	ity num
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Otherwise, please pont	Ħ L	1101 YOUNG STREET	Г					A	You MUST enter	A
or tyrus.	R	City, town or post office; state, and 26° code	ti şeu tavo a t	croign activosa, são pago	18				phy SSAGH 200re	
1	E	MIDDLETOWN, OH 49	5044							
Presidential - Election Campa	ııgn	Note: Checking "Yee" will not cl	ange your	laxior reduce your re	Aund.			You	ı Spou	se
(See page 19.)		Do you, or your spouse if filing a	iciat return	ward \$3 to go to to	s fund	?	. <u>*</u>	Ye	X No Ye	s No
:	ŧ	X Single								
Filing Status	5 2	Married filing joint retu	m (exen if c	mly one had income	Š					
a P	3.	Married filing separate	return. Ent	er spouse's SSN at	сне ал	d full ræme he	×e. ►			
Check only	4	Head of household (w	in qualifyin	j person). (See pag	e 19) i	ten qualitying pa	raw is a est	क्र क्या अस्	bara spakenagan	
one box .		ende this child's name here.	.							
	5	Qualitying widow(er) w					iee page			
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Exemptions		tax return, do	not check	box:6a	• •	• • • • •			हुई शर्दा हुड़	1_
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•		(I) First name Last rapine				ŢSI	errên Bee		● fired with give ● dick lake with	
If more than six									you due to divorce	
dependents,									er argenities Receptor 75)	
see page 20.			<u> </u>						Cacaminaria en 6a	
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		Total number of exemptions claim		<u> </u>			• • • •		inecessoro -	1
1	7	Wages, salaries, tips, etc. Attach I	• •		• •			7	24,02	0
Income	8.3	Taxable interest. Attach Schedule	•		1	 ŧ		68		
Attach		Tax-exempt interest. Do not inch			GB					
Forms W-2 and		Ordinary dividends. Attach Schedi	•					3		
W-2G here. Also attach	10	Taxable refunds, credits, or offsets	of state as	id local income taxe	a (aloo.)	3 ම රීම කුල් .		10	,	
Form(s) 1099-F	111	Alimony received		11						
if tax was	12	Básiness income or (loss). Attach						12	2,22	3.
withheld	13	Capital gain or (kasa). Attach Sone		quired. If not require	5, 0760	k here	•	13		
	14	Other gains or (losses). Attach Fo						14		
If you did not			5a			te amount (se		15b		
get a W-2,		_	542			ie amount (se		16b		
see page 21.	17	Rental real estate, royalties, partn		erpoxations, trusts, i	aic. Att	ach Schedule	Ε.,	17		
Enciose, but do	18	Farm income or (loss). Attach Sch	edule F	• • • • • • •	• •			18		
not attach, any payment. Also,	19	Unemployment compensation .	. 1		· ·			19		
payment. Auto,		Social security benefits 20			Taxab	le amount (sæ	e pg 25)	20b		
Form 1040-V.	21	Other income. List type and amou		·	<u></u>		 	21		
 	22	Add the amounts in the far right oc			£	ir total incom	<u> </u>	22	26,24	્યું .
	23	IRA deduction (see page 27)			23					
Adjusted	2.4	Student Ean interest deduction (si	se page 28)		2.4		32.			
Gross	25	Archer MSA deduction. Attach For			25					
Income	26	Moving expenses, Attach Form 36			26					
	27	One-half of self-employment tax.	knach Sche	dule SE	27	1	.57.			
	74	Salt-employed health insurance of	edución (se	е радо 30;	28					
	29	Self-employed SEP, SIMPLE, and	qualified pi	ans	29					
	30	Penalty on early withdrawal of say	ngs		30					
•	3 1 a	Alimony paid in Recipient's SSN	-		31a					
	32	Add lines 23 through 31a						32	1,8	<u>9.</u>
	33	Subtract line 32 from line 22. This	is yœur adj	usted gross incom	c .			33	26,05	4.
For Disclosure	Priv	acy Act, and Paperwork Reduction	on Act Noti	ce, see separate ii	istruct	ions			Ferm 1040	(2001)

Case 1:02-cv-00467-SSB-TSH Document 141-5 Filed 12/12/2007

SCHEDULE C (Form 1040)

Profit or Loss From Business

> Partnerships, joint ventures, etc., must file Form 1065 or 1065-8.

Page 29 of 64 OMB No. 1545-0074 2001

(Sole Proprietorship) ► Altach to Form 1040 or Form 1041. ► See instructions for Schedule C (Form 1040). 09

Name de propriétair			Social sc	curity number (SSN)
SHAWN R PRYOR				Ov. Indian
A Principal business or protes	sion, including product or s	service (see page C-1 of the instructions)	8 Enter c	ode from pages C-7 & 8
CONSULTING				·
C Business rame. If no separ	ate business name, leave l	olanik.	D Employ	rer ID number (EIN), if any
E Business address (including	1 Suite or room no.) -		<u> </u>	·
City, town or post office, sta				
F Accounting method:	(1) X Cash (2)	Accruel (3) Offher (specify) >	· · · · · · · · · · · · · · · · · · ·	
		business during 2001? If "No," see page C-2 for limit	en losses ne	X Yes No
		hack hera		
Part I Income	a casa casa can ng coo , c	THE PROPERTY OF THE PROPERTY O		
 	ution. If this income was n	sported to you on Form W-2 and the "Statutory	I	
employee' box on that form			$\sqcap \cdot $	2,223.
2 Returns and allowances				4,263.
3 Subtract line 2 from line 1.			3	2 22
			1 4	2,223.
4 Cost of goods sold from lin	e 42 (at page 2)		· 1 3 1	0.
E Commercial Colonia	. f E 0			
5 Gross profit. Subtract line			5	2,223.
6 Other income, including Fed	ieru and state gasoline or	iuel taz credit or refund (see page C-3)	6	
7 Gross income. Add lines 5		 	- 17	2,223.
Part II Expenses. Enter exp	enses for business use of			-
8 Advertising	8	19 Pension and profit-shering pie	ns 19	·····
9 Bad debts from sales or ser	vices	20 Rent or lease (see page C-4):		
ု့ (see page C-3)	3	a Vehicles, machinery, and equi	р. 209а	
10 Car and truck-expenses.		b Other business property .	20b	
(see pege C/3)	10	21 Repairs and maintenance .	. 21	
11 Commissions and less .	11	22 Supplies (not included in Part	in 22	
12 Depletion	. 12	20 Taxes and licenses	23	
13 Depreciation and section 17	rg	24 Travel, moets, and entertainme	xit:	<u> </u>
expense deduction (not incl	uded	a Traval	. 243	
in Part III) (see page C-3)	13	b Meals and		
14 Employée benefit programs		entertainment.	1	
(other than on line 19)	. 14	C Enter rendeduca-		
15 Insurance (other than healt)	nj . 15	कृति क्ष्मातरूच गा-		
16 Interest:		studed on line 24b	-	
a Mortgage (paid to banks, et		d Subtract line 24c from line 24b	24d	
b Other	15b	25 Utüties	25	
17 Legal and professional		26 Wages (loss employment cred	···	
sendoes	17	27 Other expenses from line 48	·	
it Office expense	16	page 2)	t f	
		home. Add lines 8 through 27 in columns		0.
•		•		
29 Tentative profit (loss). Subt	ract line 28 from fine 7		29	2,223.
30 Expenses for business use		n 8829	30	4,44.
31 Net profit or (loss). Subtra				
		n Schedule SE, line 2 (statutory employees,	7	
see page C-5). Estatos and		, , ,	- 31	2 222
If a loss, you must go to	•	14 10 to 52		2,223.
		enmotoreast in this motories force over 1. 12	7	
		inestment in this activity (see page C-6).	3	7 807 tmm
	•	line 12, and also on Schedule SE, line 2	323	All investment is at risk.
	•	ats, enter on Form 1041, line 3.	32b	Some investment is not
 If you checked 32b, you 	साच्डा बायद्या Form 6138.			ai risk.

Self-Employment Tax **SCHEDULE SE** (Form 1040)

► See Instructions for Schedule SE (Form 1040). ► Attach to Form 1040.

Page 30 of 64 OMB No. 1545-8074 2001

Department of the Young Internal Resource Service rot presentata Self-employment ireceno (se strovo on Fenn 1846)

Special security (sumbered poreso

SHAWN R PRYOR

was self-employment resme

Who Must File Schedule SE

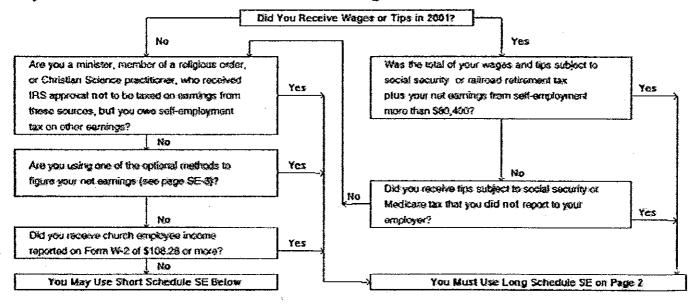
You must file Schedule SE if:

- ◆You had not earnings from self-employment from other than church employee income (fine 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had shunch employee income of \$168.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part It of Leng Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not like Schedule SE, Instead, write "Exempt-Form 4361" on Form 1040, line 53.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form						
	1065), line 15a		-			1	
7	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065).						
	line 15a (other tran farming); and Schedule K-1 (Form 1005-B), box 9. Ministers and members						İ
	of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other						
	income to report					2	2,223.
3	Combine lines 1 and 2					3	2,223.
4	Net earnings from self-employment, Multiply line 3 by \$2,35% (.9235). If less than \$400,						
	do not file this schedule; you do not owe self-employment tax				*	4	2,053.
5	Self-employment tax, if the arrount on line 4 is:						
	 \$80,436 or loss, multiply line 4 by 15.3% (.153). Enter the result here and on 	1					
	Form 1049, line 53.	-				5	314.
<u> </u>	 More than \$80,400, multiply line 4 by 2.9% (.028). Then, add \$8,969.60 to the 						Company of the second second
	result. Enter the total here and on Form 1040, line 53.	_				17.0	
6	Deduction for one-half of self-employment tax. Multiply line 5 by		•			75	
	50% (5). Enter the result here and on Form 1040, line 27		7	57	,		

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Schedule SE (Form 1040) 2001

F	For the year Jan. 1-Dec. \$1, 2004 protect broable year ending	.23		Social Secur	ity Numbers	müst I	be fille	d-in below.	
ľ	Your size trace	Lagrage		Your social secur	ty nurriser	Filin	g Statu	s - check only one	
:	SHAWN R	PRYOR				X s	er Silvante or t	tale of Hospithias	
ŀ	If a joint return, appropries from narms Initial	Last narve		Species special sec	T vectorian aring		_	ng ions mean	
.	and the state of t	Company of the Compan				-1		og stprani, cree	
1	Heave address countries and streets	Aga Nun		Chác con	<i>a.</i>	1 1	40° 3%		
٠,	1101 YOUNG STREET	All control	n	BUTI	- 1	-p			
:	Uny to water population, states and 25° code.	·		Onio Public Sch	/				
	MIDDLETOWN OH 45044			Number (See pa		⊢	906		
٠ŀ	Onio Residency Status (see Instructions)			Ohio Political P		······································		Kex	
1	X Rosident	Part-Year Resident from:		Co yasa waxa \$1 te-go	-				
:1	Norresident	016	01	a jeint neem, doos ye		25 00 25	this tend	, i i i i i i i i i i i i i i i i i i i	
1	state of regidence		<u>* *</u>	Note: Oxideng "re		_			
4	Federal Adjusted Gress Income (from Federal Feder	teral Form 1040 line 30 or	10#0A line	 			1	26,054.0	
Ŋ	2 Ohio Adjustmente deren lina 49 on nano 2						2	20,03,.0	
C			1				3	26.054.0	
N.				d onter the result	hera		4	1.150.0	
-	5. One Taxable Income (subvact line 4 from						5	24.904.0	
_	6. Tex on line 5 (see lax tables, pages 26-32						6	665.0	
т		•					7	0.0	
À		•	is more tha	a line 6. enter zer	d.)		8	665.0	
_	9. Exemploy Credit Number of personal and		7	times \$20			9	20.0	
A	\]	•	more than				10	645.0	
Ď	11. Joint Filing Credit (see instructions and att			es line 10 (limit \$6			11		
Ç	• • • • • • • • • • • • • • • • • • • •	يسبه بسيدي المساورة					12	645.0	
RED	13. Resisent/Norresident/Part-Year Credits (le Business	Credits (attach S	eh. Ei		13		
Ď	D 14. Otro Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zera.)								
į	15. Interest Penalty on Underpayment of Estin							645.0	
S	16. Unpaid Otto Use Tax (please see works). The amount you area on this bus is part of year see.			16				•	
	17. Total Ohlo Tax (add line 14, line 15, and li				•		17	645.0	
P	18. Ohio Tax Withheld (trax 17 on your W-Z)							
	(attach W-2's to the back of this	i formă AN	OUNT WIT	THHELD ➤ 18	79	3.0	0.0	Electronic Filing	
Ì	19. Onio Estimated Tax, IT-40P Payments for	2001, and 2000 Overpaym	ent Cresite	1 to 2001 . 19				can speed-up	
N	• 1 — · · · · · · · · · · · · · · · · · ·	indable Pass-through Entity	Tot	al of				your retund by	
2	Credit 20a Cred	fis 200	20a	& 200020				6 weeks!	
_	21. Add lines 18, 19, and 20	<u> </u>		MENTS ► 21		33.0			
	22. If line 21 is LESS than line 17, subtract line	e 21 from line 17. Attach pa	ment made						
Ŕ	Check here if you have paid or will pa	g with a crodit card (see ins	buctions;		COUNT YOU C			0.0	
F		ect line 17 from line 21		AM	IOUNT OVER	PAID	≻ 23	148.0	
ŀ				į,			- 1		
C	'I 'U 'U '	heck box and enter amount		24			\rightarrow		
Į				25					
Ç		heck box and enter amount		25			\dashv		
ř	26. Amount of line 23 to be credited to 2002 e	•		· •	YAMB BET	1000	07	140 0	
	27. Amount of line 23 to be refunded (subtract IF BALANCE DUE IS LESS THAN \$1.01 PAY							148.0	
	I have read this return. Under penalties of perju								
-	Your signature	Disse	Ĩ Ĩ		OR DEPART				
S	5	C4W	1 1	_	1	1		1	
	Species in return of thing saidly, DCTH must signi	Program continu (control)				19	La,	Ų	
8							,,		
į	Property's signature and address final using stationals	Fragare/s crisise number		NO PAYMENT ENGLO		1		T EMOLOSED- MAIL TO:	
į	Proposer's signature and distribution final using size obtains	513 988-99	1	CHIC DEPARTMEN		1		Partment of Taxatical	
t	HUDSON TAX SERVICE			P.O 608				P & 6500 20%	
	JOAN E HUDSON			COLUMBUS, CH	4.2270-3579		COLUI	48US. CH 43275-3057	
	4 POTTER STREET		-						
	TRENTON, OH 45967								

Case 1:02-cv-00467-	-SSB-TSH Document 14	41-5 Fil <u>ed 12/12/2007 Page 32</u> o∳⋅6
FORM IR FILE WITH	INCOME TAX RETURN FO	R 2001 MAKE CHECK OR MONEY ORDER
	MIDDLETOWN	PAYABLE TO
	FILING REQUIRED EVEN (* NC) 144 (U	E CITY OF NMIDDLETOWN
	TAX OFFICE PHONE	
04 OR BEFORE 04-30-02	NAME OF EMPLOY	rēR
ACCOUNT NO.	Address: S	oraci .
TEXPATERS NAME AND ICORESS		Cing
		TELEPHONE: Homo 513-422-3164
		Essainado
SHAWN R PRYOR		SOCIAL SECURITY NO.
1101 YOUNG STREET	•	1AXPAVEN
MIDDLETOWN, OH 45044		SPOUSE NOE THE PREVIOUS FINAL PETURN YEAR DUE GIVE DATE
	Set of Care	CASTO
NOTE: Page 2 must be completed if yo		
•		ACH ALL W-25;
	ni natang a sinkanta nika si dika	
2 OTHER TAXABLE INCOME (SEE INC	SIMUGNORS)	
3 I AVABLE INCOME: UNE 1, PEUS CA	NE2	
4 MUNICIPALTAX .0150 OF LIN	E3	,
5 CREDITS		
A TAX WITHHELD BY EMPLOYER	FOR CITY OF MIDDLE	LOMN &
B ESTIMATED TAX PAID CITY OF	MIDDLE	TOWN s
	a rum. Jama Jarrich (1984)	TTO EXCEED 01504 374
C TAX PAID CITY OF S	SE STATEMENT NO	OT TO EXCEED . 0150 s 374 .
		· · · · · · · · · · · · · · · · · · ·
E TOTAL CHEDITS		
6 IF LINE A CREATER THAN LINE SE	PAYMENT OF BALANCE MUST ACCO	MPANY THIS RETURN, TAX DUE \$
A PENGLIVE INTE	REST\$	TOTAL \$
	•	
7 OVERPARMENT TO BE PEFUNEEDS	ON CRESHED \$	TONEST YEAR ESTMATE
	DECLARATION OF ESTIMATED) TAX FOR YEAR
		0.7.5.0
8 TOTAL INCOME SUBJECT TO TAX \$	AULTIPLY BY TAK	HAVE OF _ 0150 FOR OPERED TWO OF \$
9 LESS EXPECTED TAX CREDITS		
4	MITTAL DENAMES	
A WITHGELD BY EMPLOYER FOR CITY OF B OMERS WHICH FROM PRICE YEARS:	MIDDLETOWN	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	O ANSTHER MURICIPALITY NOT TO EXCEED	.0150
D TOTAL CREEMS	CARCAGE WOODS AND THE TOTAL COLOREST	.015%
10 RETTAX DUE TIME SLESS LINE SO	, , , , , , , , , , , , , , , , , , , ,	
in her resolve time stesse and wi		
11 amount pain with this open appropring	01 FSS THAS 324 OF 1485 109	
a a supplied to the parties of the supplied to		· · · · · · · · · · · · · · · · · · ·
12 AMOUNT ENCLOSED GIP	E6: 34. 6.	AE 1115 TOTAL S
If the return was prepared by a practition	om, charle have it was made concentification charactes with	questions regarding the propagation of this estern.
I CERTIFY THAT I MAVE FAMILIED THIS AND BELIEF IT IS TRUE, CORRECT 4XO OF WHICH PREPARER HAS ARY KNOWN.	COMPLETE, IF PREPARED BY A PERSON OTHER T	ES AND STATEMENTS) AND TO THE BEST OF MY GROWLEDGE HAN TARPAPER THE DECLARATION BASED ON ALL INFORMATION
	01/23/02	
Signature of Person Frenching & other than Toxodark		ave of Taxonyan or Again
HUDSON TAX SERVICE		
4 POTTER STREET		
TRENTON, OR 45067	540	टिग्ठ औ T EXC प्यं
513 988-9609		

...

SHAWN R PRYOR

Form IR

PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

3a	Prefit from any business owned (attach Federal Schedule C)	
	Add Items not deductible	
l3c	Subtract decre rich taxable	
13d	Profit from farm (attach Federal Schedule F)	
ile.	Add items not deductible	
131		
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13a less line 13f	
[4a	Rental income (attach Federal Schedule E)	
₹b	Add items not deductible	
46	Subtract items not taxable	
[4	Line 14a plus fine 14b less line 14c	
15	Other income (attach appropriate Federal Schadule)	
16	Total other income (add lines 13, 14 and 15)	2,22
	A. Net loss per previous city income tax returns	
	(Operating losses may be carried forward for a meximum period of five (5) years)	
	B. Total other income	2,22
17	CREDITS	
	A. Deductible expenses: (strach IRS Form - Schedule 2105 - or other statement)	
	B. Non-taxable income: (Explain)	
	\$	
	C. Total deductions	
18	Nel other laxable income or disductions (insert in line 2 page 1)	2,22
		 .
	NE 5C STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.	
	RECITY INCOME TAX PAID RESIDENT CITY CREDIT	
41.1	AMISBURG 24,960. 437. 374.	
	momer organic trial of	
	TOTAL CREDIT LINE 5C. 374.	

President.	Ca	se 1:02-cv-00467-SSB-TSH Document 141-5 Filed 12/12/20	07 Page 35 of 64
From 1440 states		SHAWN R PRYOR	_
	Já	· · · · · · · · · · · · · · · · · · ·	35 24,318.
Tax and	-	Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.	24,318.
Credits	oru.		
	_ 6.	· · · · · · · · · · · · · · · · · · ·	
Standard] "	If you are married filing separately and your spouse itemizes deductions, or	
Deduction	1	you were a dual-status alien, see page 34 and check here	
Feedership	738	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38 4,700.
co-bound any	39	Subtract line 36 from line 36	19,618.
tos oz tine 374 oz 375 Oz	40	If fine 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on	
MAR OF DATE OF	!	This GE. If the CC is over \$100,000, see the worksheer on page 35	40 3,000.
द्रीक्षणवर्त सङ्घ व	41	Taxable income. Subtract line 40 from line 39, It line 49 is more than line 39, enter -0-	16,618.
Geografiani Bar Imga jii.	42	Tax (see pg 35). Check if any tax is from a Form(s) 8514 b Form 4972	42 2, 194.
All program	43	Afternative minimum tax (see page 37). Attach Form 6251	
Segu	44	Add lines 42 and 43	
SA,760 Habita id	45		44 2,194.
hawashald	1	· · · · · · · · · · · · · · · · · · ·	
\$6,500	46	Credit for child and cependent care expenses. Attach Form 2447 . 46	130.2
Martine parts	47	Credit for the eaterly or the disabled. Assect Schedule R	
Chaldring	48	Education credits. Attach Form 6863	
ST-880	49	Retirement senings contributions credit. Attach Form 6860	
Manier	50	Child sax credit (see page 36)	
Glimp	51	Adoption credit. Attach Form 8839	
September \$2-929	52	Credits from: a Form \$390 b Form \$859 52	
40.44	53	Office credits. Check applicable box/jes; a Form 3800	
		b Form 8801 c Specity 53	
	54	Add lives 45 through 53. These are your total credits	
	\$5	Subtract line 54 from line 44. If line 54 is reare than line 44, enter -0-	54 0.
	56		55 2.194.
Other		Self-employment tax. Attach Schedule SE	56
_	57	Social security and Medicare tax on tip income not reported to semployer. Attach Form 4137	57
Taxes	23	Tax on qualified plans, including IRAs, & other tex-severed accounts. Attach Form 5329 if required	58
	59	Advanced earned income credit payments from Formési W-2	S9
	60	Flousehold employment taxes. Attach Schedule H	60
	61	Add lines 55 through 60. This is your total tax	61 2,194.
Payments 1 4 1	62	Federal income tox withheir from Forms W-2 and 1099 62 2 . 729 .	6000
	7 6 3	2002 estimated tax payments and amount applied from 2001 return 63	
al percentage a	64	Earned income credit (EIC)	10000
Secretary.	65	Excess social security and tier 1 RRTA tax withheir (see page 56) 65	
OFFICE STATES	66	Additional child tax credit. Attach Form 8612	
Species For	67	Amount paid with request for extension to life (see page 56)	
	8-3	Street payments form. 8 Form 2019 b Form 4135 C Form 8605 68	
	68	Addition Comment No. The	
Refund			69 2,729.
_	70	If line 59 is more than line 51, subtract line 61 from line 69. This is the amount you overpaid	70 535.
Cirect depres di See page dis		Amount of line 70 you want refunded to you	71a 535.
anses in 710.	▶ b	Reciting number	263
Pic, and Pid	≯ d	Accept number	
	72	Amount of line 70 you want applied to your 2001 estimated tax ► 72	
Amount	73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73
You Owe	74	Estimated fax penalty (see page 57)	
Third Par	ly o	gou want to allow another person to discuss this return with the IRS (see page 55)? X Yest Co	implete the following. No
Designee			idion scales
Sign		complete of control I decisive that I have examined the return and accompanying coheducts and supported and to the best of the	
Here		, they are row, cornect, and contracte. Declaration of preparer (other from topologic) is capted on all information of which proposes has	
Joseph estimati	T the	socione di Comme di C	None runder
See page 21.		33	7-433-2743
Kerest a trade		COMP TECH	
for your P recents	145-53	dans regressive in a form record, DOMD inside steps. Easier Specialists concerning	
5		Creck of	Frecause's SSN on FTN
Paid	\$5.W		
Preparer'			34-1915840
Use Only	i sed	4 POTTER STREET	
	ಸರಭ	TRENTON, OH 45067	· 513 988-9609
		Californi From Saligare Serie Commercial Series des	222 200 2002

PF-7798 G2

Case 1:02-cv-00467-SSB-TSH
OHIO Income Tax Return

Document 141-5 Filed 12/12/2007 Page 36 of 64

T-1040

Income Tax Return

2002

or the year Jan. 1-Dec. 31, 2002 or o	war wester year ending		. 29	Social Sec	urity Numbers mi	jst be fill	ed in below.
Yasiculeire SHAWN	lested R	PRYOR		Your supple and	NOTE PROGRAM F	=	tus - check anly one or Head of Hausehold
If a point retain, apoute's first name	[cut:a]	Last name	· · · · · · · · · · · · · · · · · · ·	Sycaso's social s	ecutta number	Married	t ting joirt return Sting separates, enter
9185 COUNTRY	POND TRAIL		han bereiter	ow.c	1	Perse, 25:	
City, town or pest critice, visite and all				Onto Public So			
MIAMISBURG OH				Number (See		090	£ .
Ohio Residency Status (s				Otric Folitical		0.50	Yes No
X Resident	ſ	Part-Year Reside	at from:	1	to go to this tuno? .		
Noncesident	i r	0.24			to your parties must	er en ran ne	·
	in at realisance			· 1	- ,	•	cr decresso your return.
1. Federal Adjusted Gre	ss Income (from F	ederal Form 1040, lir	ve 35: or 1040A, lit				24,318.00
2. Ohio Adjustments (In						. 2	31/210.00
3. Ohio Adjusted Gross	•		lte line 1i .			. 3	24,318.00
4. Multiply your persons			 	nd enter the resul	i frece	4	1,200.00
5. Ohio Taxable Income		· · · · · · · · · · · · · · · · · · ·				. 5	23,118.00
6. Tax on line 5 (see tax						. 6	585.00
7. Credits from School		•				7	0.00
8. Onto Tax less School			If line 7 is more th	ian line 6 enter se	 *61	a	585.00
8. Exemption Credit: Nu				times \$29		. 9	20.00
10. Onto Tax less Exemp					 1	. 10	565.00
11. Joint Filing Credit (se				mas line 10 (limit \$	•	. 11	303.00
12. Onio Tax less Joint F						. 12	565.00
13. Besident/Renresiden					Seb. Fi	. 13	303.00
14. Ohio income Tax (Su						. 14	565.00
15. Interest Penalty on U							303.00
15. Unoqio Offic Use Tax (o				16			
17. Total Onio Tax (add I	ine 14, line 15, and	fine 16)	e Ages.			. 17	565.00
18. One Tax Withheld	(box 17 on your Wi-	2)					
(asach W-)	's 12 the back of th	(\$ form)	AMOUNT W	ITHHELD ► 18	653	.00	Electronic Filling
19. Chic Estimated Tax.	T-40P Payments to	or 2002, and 2001 Ca	rerpayment Credit	ed to 2002 . 19			can speed-up
20. Refundable Business	Jobs Res	undable Fass-threug	in Enlity To	tal of			your refund by
Credit 20a	Cre	di 200	20	a 6 200 20			6 weeks!
21. Add lines 18, 19, and				YMENTS > 21		.00	
78. It ins 21 is LESS IVA	tion 17 population la	ne 71 from less 17. A	farh essimilant new	ta pavable to Tree	टामण त्वं State (वं O	tria	
Check here it you	rhave paid or will p	ay with a credit card	(enajtoureni eaz)	AM	OUNT YOU OWE	▶ 22	0.00
23. If line 21 is GREATER	7 than line 17, subs	act line 17 from line :	21		OUNT OVERPAID	⊁ 23	88.00
24. Amount of the 21 plus with	OCH E lex caroerez	१९२२ को सम्बद्धान <mark>्य कर्त उठका</mark> क	rand edition diversity				
S3 S8 S10	Other t	Chock box and enter	amount on line 24	24			
25. Amount of the 23 year math	© DESCAVE Exercition of	tservas, scansilinars, and	en carrieros sociales cu	Western.]	
\$3 \ \$5\ \$10	- 4.1	Theck bear and enter		25	. <u> </u>		٠,
26. Amount of Into 20 to b		•		CREDIT ► 26			
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TRENTON OH 45967			•		•		

Case 1:02-cv-00467-S	SREESHEN Document 14	1-5 Filed	12/12/2007	Page 37 of 64
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10 NORTH FIRST ST	FOLDIS REQUIRED EVEN IF NO TAX DUE.	CITY	OF MIAMIS	
MIAMISBURG OHIO				
45342 0x088EF0=E 4-30-99	TAX OFFICE PHONE 866-330.	<u> </u>		
ACCOUNT NO.	NAME OF EMPLOYER ADDRESS: State			
TASPAYERS MAKE AND ADDRESS	Ch.			
		TELEPHONE: Home	937-433-2	743
		Business		·
SHAWN R PRYOR		SOCAL SECURITY NO)	
9165 COUNTRY POND TRAIL MIAMISBURG, OH 45342	٠	TAXEAYER		
MIAMISBORG, OR 45542	in arthresia empora	SPGUSE	THE STATE OF THE S	
	NICOTY		CACUTOF	
NOTE: Page 2 must be completed if you have		s income.		
1 WAGES, SALARIES, TIPS AND OTHER EM	IPLOYEE COMPENSATION (ATTACH	ALL W-ZS)		s <u>6,338.</u>
2 OTHER TAXABLE INCOME (SEE INSTRUC	CTICNS)		· - · · · · ·	6,338.
3 TAXABLE INCOME: LINE 1, PLUS.LINE 8	• • • • • • • • • • • • •			0,338.
4 MUNICIPALTAX . 0175 OF LINES.				111 .
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PAGE 2

NEED BE COMPLETED ONLY BY THOSE WHO HAVE OTHER TAXABLE INCOME THAN WAGES OR WHO CLAIM EXPENSES AS A DEDUCTIONS FROM SUCH WAGES.

132	Profit from any business owned (attach Federal Schedule C)	
130	Add items not deductible	
13c	Subtract items not taxable	
13d	Profit from farm (attach Federal Schedule F)	
13c	Add items not doductible.	
137	Subtract items not teachle	
13	Line 13a plus line 13b less line 13c plus line 13d plus line 13e less line 13f	
142	Rental income (assoch Federal Schedule E)	
14b	Add items not destudable.	
14c	Subtract items not taxable	
14	Line 14a plus line 14b less line 14c	
15	Other income (attach appropriate Federal Schedule)	
15	Total artise income field loca to 14 and to	_
	A. Net loss per previous city income tax returns	
	(Operating losses may be carried forward for a maximum pariod of five (5) years)	•
	B. Total other income	
17	CREDITS	
	A. Deductible expenses: (attach IRS Form - Schedule 2105 - er other statement)	
	8. Non-taxable income: (Explain)	
-	S	
	C. Total deductions	-
18	Net other taxable income or deductions (insert in line 2 page 1)	_
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	WE SC STATEMENT: RESIDENT CITY CREDIT FOR TAX PAID TO WORK CITY.	
	RK CITY INCOME TAX PAID RESIDENT CITY CREDIT	
321	RINGBORO 19,337. 290. 290.	

Total credit line 5C.

111.

			2/12/2007 Paga 3 Qoods (6s/lonix
Case 1:02-cv-00467-S	INCOME TAX RETURN	~~~ 0000	<u>2/12/2007 </u>
CITY OF MIDDLETOWN	MIDDLETOWN		PAYABLE TO
INCOME TAX DIVISION	FOLDING RECOLURED EVEN IF NO T	TAX ONE CITY	OF MIDDLETOWN
PO BOX 8739			
	TAX CERCEPHONE (51	3) 425-7859	
CN OR BEFORE 4/30/01	NWEOFE		
ACCOUNT NO		SS: Stores	
TARPATERS WASE AND ACORESS	·	City	
	· · · · · · · · · · · · · · · · · · ·		937-433-2743
	•	Business	237-433-2743
SHAWN R PRYOR		SOCIAL SECURITY NO	
9165 COUNTRY POND TRAIL		TAXPAYER	•
MIAMISBURG, OH 45342	J		- 10
HIRBITSDONE, OIL 45342	or a series.	SPOUSE	
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NOTE: Page 2 must be completed if you have			GROSTEF C6/30/02
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3 TRABBLE INCOME: LINE 1, PLUS LINE 2			<u>18.885.</u>
4 MUNICIPALTAX .0150 OF LINE 3			
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Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 88168 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: Tax Period Requested: December, 2000



Form W-2 Wage and Tax Statement

053582

Employer:
Employer Identification Number (EIN):311449345
TRACT INC
1277 NORTH FAIRFIELDSIGNS NOW NO 186
BEAVERCREEK, OH 45432-0000

Employee:
Employee's Social Security Number:
SHAWN PRYOR
1101 YOUNG ST
HIDDLETOWN, OH 45044-0000

Submission Type:

Wages, Tips and Other Compensation:
Federal Income Tax Withheld:
Social Security Wages:
Social Security Tax Withheld:
Medicare Wages and Tips:
Medicare Wages and Tips:
Medicare Tax Withheld:
Social Security Tips:
Medicare Tips:
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Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311629499
PC REVIEW MEDIA GROUP
717 E DAVID RD
DAYTON, OH 45429-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
1101 YOUNG ST
MIDDLETOWN, OH 45044-0000

Submission Type:	INAL	SUBMISSION
rederal income lax Withheld:		\$262 An
Social Security Wages: Social Security Tax Withheld:		\$2,061.00

Castadioareverate and tipst. Document 141-5 Filed 12/12/2007 Page 45/064 80 Medicare Tax Withheld: \$29.00 Social Security Tips: 0.00 Allocated Tips: 0.00 Advanced EIC Payment: 0.00 Dependent Care Benefits: 0.00 Deferred Compensation: 0.00 Code "G" Military Pay: 0.00 Code "R" Employer's Contribution to MSA: 0.00 Code "S" Employer's Contribution to Simple Account: 0.00 Code "T" Expenses Incurred for Qualified Adoptions: 0.00 Deceased Indicator: Pension Plan Indicator: Deferred Compensation: Not Checked Statutory Employee: Not Statutory Employee
Form W-2 Wage and Tax Statement
Form N-2 wage and lax Statement
Employer: Employer Identification Number (EIN):S41571947 TRADER PUBLISHING COMPANY 100 WEST PLUME STREE NORFOLK, VA 23510-0000
Employee: Employee's Social Security Number: SHAWN R PRYOR 1101 YOUNG ST MIDDLETOWN, OH 45044-0000
Submission Type:
Form 1898-E Student Loan Interest Statement
Borrower: Barrower's Social Security Number:52-097427] SALLIE MAE 11600 SALLIE MAE DRIVE RESTON, VA 22090-0000 Recipient: Recipient's Federal Identification Number (FIN): PRYOR. SHAWN R PO BOX 25 MIDDLETOWN, OH 45042-0000
Submission Type:

Case 1:02-c 1001673555 TSH Document 141-5 Filed 12/12/2007 Page 42 of 64 Account Number (Optional): B/A Student Loan Interest Received by Lender: \$112.00

This Product Contains Sensitive Taxpayer Data



Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 8B1G8 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: Tax Period Requested: December, 2001

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Form W-2 Wage and Tax Statement

Employer:	
Employer Identification Number	(EIN):541571947
TRADER PUBLISHING COMPANY	
100 WEST PLUME STREE	
NORFOLK, VA 23510-0000	
•	

Employee: Employee's Social Security Number: SHAWN R PRYOR 1101 YOUNG ST MIDDLETOWN, OH 45044-0000

Submission Type:	OPICINAL CHRMICCION
Wages, Tips and Other Compensation:	\$24.020.00
Federal Income Tax Withheld:	\$2.628.00
Social Security Wages:	\$24,020.00
Social Security Tax Withheld:	
Medicare Wages and Tips:	\$24,020.00
Medicare Tax Withheld:	
Social Security Tips:	
Allocated lips:	
Advanced ETC Payment:	
Dependent Care Benefits:	
Deferred Compensation:	
Code "Q" Military Pay:	
Code "R" Employer's Contribution to MSA:	
Code "S" Employer's Contribution to Simple Account:	
Code "T" Expenses Incurred for Qualified Adoptions:	
Third Party Sick Pay Indicator:	
Retirement Plan Indicator:	
Statutory Employee:Not	c Statutory Employee

Form 1098-E Student Loan Interest Statement

Borrower: Borrower's Social Security Nu UNIVERSITY ACCOUNTING SERVICE	
P 0 BOX 932 BROCKFTELD, WI 53008-0000	

Recipient:				
Recipient's	Federal	Identification	Number	(FIN):
PRYOR SHAWN I	æ			
1101 YOUNG ST	r			
MIDDLETOWN, I	OH 45044	4-0008		

Submission Type:ORIGINAL	SUBMISSION
Account Number (Optional):	276767798
Student Loan Interest Received by Lender:	\$12.00

Form 1098-E Student Loan Interest Statement

100014071115	5	F" 1.40/40/0007	D 44 (04
Case 1:02-cv-00467-SSB-TSH Borrower: Borrower's Social Security		Filed 12/12/2007	Page 44 of 64
SALLIE MAE 11600 SALLIE MAE DRIVE RESTON, VA 22090-0000	Muller : J2 0774271	•	e e
Recipient: Recipient's Federal Identif PRYOR, SHAWN R PO BOX 25 MIDDLETOWN, OH 45042-0000	ication Number (F]N) :;	
Submission Type:			N/A
Form 1098-E	Student Loan Inter	est Statement	
Borrower: Borrower's Social Security STUDENT FINANCIAL ASSISTANCE DIRECT LOAN SERVICING CENTER P O BOX 4609 UTICA, NY 13504-4609	E		
Recipient: Recipient's Federal Identif: PRYORSHAWNR P O BOX 25 NIDDLETOWN. OH 45042-0000	ication Number (FIN) ;.	
Submission Type:			H/A
Form 1098-E	Student Loan Intere	est Statement	
Borrower: Borrower's Social Security SUNTECH INC. 6510 OLD CANTON ROAD RIDGELAND, MS 39157-0000	Number:64-0783793		
Recipient: Recipient's Federal Identif: PRYOR SHAWN R 1101 YOUNG ST MIDDLETOWN, OH 45044-5824	ication Number (FIN) : .	
Submission Type:	• • • • • • • • • • • • • • • • • • • •	 	N/A
.√	Form 1099-INT		
Payer: Payer's Federal Identificat: MIDFIRST CREDIT UNION INC 1201 CRAWFORD STREET MIDDLETOWN, OH 45044-4500	ion Number (FIH):31	-6023946	
Recipient: Recipient's Identification I SHAWN & PRYOR IIOI YOUNG STREET	Number:		

Submission Type:	OA	IGINAL	SUBMISSION
Account Number (Optional):			1/2353
Interest:			
Tax Withheld:			0.00
Savings Bonds:			0 . 90
Investment Expense:			0.00
Interest Forfeiture:			
Second Notice Indicator:		.No Se	cond Notice

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):31-1333317
REGENT SYSTEMS INCORPORATED
% MICHAEL A BERNAL
7333 PARAGON RD STE 250
DAYTON, OH 45459-0000

Recipient:
Recipient's Identification Number:
SHAWN PRYOR
Ilol VOUNG ST
MIDDLETOWN, OH 45044-0000

003581

Submission Type:
Account Number (Optional):
Tax Withheld:
Non-Employee Compensation:
Medical Payments:
Fishing Income:
Rents:
Royalties:
Other Income:
Substitute Payments for Dividends:
Excess Golden Parachute:
Crop Insurance:
Attorney Fees:
Direct Sales Indicator:
Second Notice Indicator:

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 881G8 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: Tax Period Requested: December, 2002



Form W-2 Wage and Tax Statement

003560

Employer:
Employer Identification Number (EIN):311191344
THE DAL ELECTRONIC CO
425 SOUTH PIONEER BL
SPRINGBORO, OH 45066-0000

Employee:
Employee's Social Security Number:
SHAWN PRYOR
1101 YOUNG ST.
MIDDLETOWN, OH 45044-0000

Submission Type:

Wages, Tips and Other Compensation:

Federal Income Tax Withheld:

Social Security Wages:

Social Security Tax Withheld:

Medicare Wages and Tips:

Medicare Tax Withheld:

Social Security Tips:

Allocated Tips:

Octor Allocated Tips:

Redwanced EIC Payment:

Dependent Care Benefits:

Deferred Compensation:

Code "R" Employer's Contribution to MSA:

Code "S" Employer's Contribution to Simple Account:

Code "T" Expenses Incurred for Qualified Adoptions:

Code "T" Expenses Incurred for Qualified Adoptions:

Code "T" Expenses Incurred for Qualified Adoptions:

Code "The Compensation:

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Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):311425341
DEBRAY ENTERPRISES INC.
730 E LOWER SPRINGB
SPRINGBORO, OH 45066-0000

Employee:
Employee's Social Security Number
SHAWN R PRYOR
1101 YOUNG STREET
NIDDLETOWN, OH 45044-0000

Submission Type:	ORIGINAL	SUBMISSION
Wages, Tips and Other Compensation:		\$1,643.00
Federal Income Tax Withheld:		\$82.00
Social Security Wages:		\$1,643.00
Social Security Tax Withhold:		\$101.00
Medicare Wages and Tips:		\$1,643.00

Medicar 3 Tax Mithed B-TSH Document 141-5 Filed 12/12/2007 Page 47 of GM Sectal Security firs 0.00 Allocated Tips:
Form W-2 Wage and Tax Statement
Employer: Employer Identification Number (EIN):316000769 HORTHWEST LOCAL SCHOOL DIST. 3240 BANKING ROAD CINCINNATI, OH 45011-0000
Employee: Employee's Social Security Humber: SHAWN R PRYOR 4165 COUNTRY POND TR MIAMISBURG, OH 45342-0000
Submission Type: Wages, Tips and Other Compensation: Federal Income Tax Withheld: Social Security Wages: Social Security Tax Withheld: Medicare Wages and Tips: Medicare Wages and Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Tax Withheld: Social Security Tips: Medicare Wages and Tips: Medicare Tax Withheld: Social Security Tips: Medicare Wages and Tips: Medicare Mages and T
Form 1098-E Student Loan Interest Statement
Borrower: Borrower's Social Security Number: 39-1992489 UNIVERSITY ACCOUNTING SERVICE P O BOX 932 BROOKFIELD, WI 53008-0000
Recipient: Recipient's Federal Identification Number (FIN): PRYOR SHAWN R 1101 YOUNG ST MIDDLETOWN, DH 45044-0000

Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 881G8 Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: ; Tex Period Requested: December, 2003

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Form W-2 Wage and Tax Statement

Employer: Employer Identification Number (EIN):316000769 NORTHWEST LOCAL SCHOOL DIST. 3240 BANNING ROAD CINCINNATI, OH 45011-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
9333 SWAYING PINE CO
MIAHISBURG, OH 45342-0000

通道5度9

Submission Type:

Nages, Tips and Other Compensation:
Federal Income Tax Withheld:
Social Security Wages:
Social Security Tax Withheld:
Medicare Wages and Tips:
Medicare Tax Withheld:

Form 1098-E Student Loan Interest Statement

Borrower:
Borrower's Social Security Number:52-2195182
STUDENT FINANCIAL ASSISTANCE
DIRECT LOAN SERVICING CENTER
P 0 BOX 4609
UTICA, NY 13504-4609

Recipient:
Recipient's Federal Identification Number (FIN):
PRYORSHAWNR
APT D
MIAMISBURG. OH 45342-0000

Borrower: Borrover's Social Security Number:39-1992489 UNIVERSITY ACCOUNTING SERVICE P 0 BOX 932 BROOKFIELD, WI 53008-0000 Recipient: Recipient's Federal Identification Number (FIN): PRYOR SHAWN R 1101 YOUNG ST MIDDLETOWN. OH 45044-0000 Form 1099-6 Payer: Payer's Federal Identification Number (FIN):31-6000140 CITY OF MIAMISBURG 10 NORTH FIRST STREET MIAMISBURG, DH 45342-0000 Recipient:

Recipient's Identification Number: PRYOR, SHAWN 9165_COUNTRY_POND_TR HIAMISBURG, OH 45342-0000

Submission Type:	ORIGINAL SUE	MISSION
Account Number (Optional):	2693	31-R1522
Tax Withheld:		0 . 00
Taxable Grants	. .	0 . 00
Unemployment Compensation:		0 . 00
Agricultural Subsidies:		0 . 00
Prior Year Refund:		\$74.00
Year of Refund:		2002
1099G Offset:	or Irade or E	iusiness

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 8BIGB Tracking Number: 108014071115

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2004



003584

Form W-2 Wage and Tax Statement

Employer: Employer Identification Number	(EIN):316000769
NORTHWEST LOCAL SCHOOL DIST.	
3240 BANNING ROAD	
CINCINNATI, OH 45240-0000	

Employee's Social Security Number: SHAWN R PRYOR 7807 JOHN ADAMS LN DAYTON, OH 45459-0000

Submission Type:
Foderal Income Tax Withheld:\$2,836.00
Social Security Wages:
Social Security Tax Withheld:
Medicare Wages and Tips:
Social Security Tips:
Allocated Tips:
Advanced EIC Payment:
Deferred Compensation:
Cade "R" Employer's Contribution to MSA:
Code "S" Employer's Contribution to Simple Account:
Code "T" Expenses Incurred for Qualified Adoptions:
Third Party Sick Pay Indicator:
Retirement Plan Indicator:
Statutory Employee:

Form 1098-E Student Loan Interest Statement

Borrower:	
Borrower's Social S	ecurity Number:52-2195182
STUDENT FINANCIAL A	SSISTANCE
DIRECT LOAN SERVICE	NG CENTER
P 0 B0X 4609	
UTICA, NY 13584-468	9

Recipient:
Recipient's Federal Identification Number (FIN)
PRYORSHAWNR
7807 JOHN ADAMS LN
DAYTON, DH 45459-4012

Submission Type:	SUBMISSION
Account Number (Optional):	N/A
Student Loan Interest Received by Lender:	\$2,018.00

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100014071115
Case 1:02-cv-00467ESSBIPSRIE Studentehpaultsterusitedtatum 2007
                                                                   Page 51 of 64
 Borrower's Social Security Number:84-0748903
 MELNET LOAN SERVICES
6420 SOUTHPOINT PARKWAY
 JACKSONVILLE, FL 32216-0000
Recipient:
 Recipiont's Federal Identification Number (FIN):
 PRYOR, SHAWN R
 7807 JOHN ADAMS LN
DAYTON, OH 45459-0000
Submission Type: ORIGINAL SUBMISSION Account Number (Optional): 27676779802 Student Loan Interest Received by Lender: $234.80
                                  Form 1099-6
fayer:
 Payer's Federal Identification Number (FIN):31-1334822
 STATE OF OHIO
DEPARTMENT OF TAXATION
 PO BOX 2476
 COLUMBUS, OH 43216-2476
Recipient:
 Recipient's Identification Number:
 PRYOR, SHAWN R
 9333 SWAYING PINE CT APT D
MIAMISBURG, OH 45342-0000
Taxable Grants: 0.00
Unemployment Compensation: 0.00
Agricultural Subsidies: 0.00
Prior Year Refund: $255.00
10996 Offset:......Not Refund Credit, or Offset for Trade or Business
                                  Form 1099-G
Payer:
 Payer's Federal Identification Number (FIN):31-6000140
CITY OF MIAMISBURG
 10 NORTH FIRST STREET
MIAMISBURG, OH 45342-0000
 Recipient:
 Recipient's Identification Number
 PRYOR, SHAWN
9333 SWAYING PINE CT APT D
MIAMISBURG, OH 45342-0000
                                العالم المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
```

Unemployment Compensation: 0.00
Agricultural Subsidies: 0.00
Prior Year Refund: \$180.00
Year of Refund: 2003
1099G Offset: Not Refund Credit, or Offset for Trade or Business

100014071115

3583

This Product Contains Sensitive Taxpayer Data

Request Date: 04-09-2007 Response Date: 04-09-2007 Employee Number: 881GB Tracking Number: 100014071115

Wage and Income Transcript

SSN Provided: Tax Period Requested: December, 2005

Form W-2 Wage and Tax Statement

Employer: Employer Identification Number (EIN):316000769 NORTHWEST LECAL SCHOOL DIST. 3240 BANNING ROAD CINCINNATI, OH 45240-0000

Employee:
Employee's Social Security Number:
SHAWN R PRYOR
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):521552720
RWD TECHNOLOGIES INC
5521 RESEARCH PARK D
BALTIMORE, MD 21228-0000

Employee:
Employee's Social Security Number:
SHAWN PRYOR
7807 JOHN ADAMS LN
DAYTON, OH 45459-0000

Submission Type:	
ATRA Payments:	
	0.00
Taxable Grants:	
Unemployment Compensation:	
Agricultural Subsidies:	
Prior Year Refund:\$24	7.00

Case 1:02-cv-00467-SSB-TSH Document 141-5 Filed 12/12/2007 Page 54 of 64

This Product Contains Sensitive Taxpayer Data

Request Date: 04-06-2007 Response Date: 04-06-2007 IRS Employee Number: 881G8 Tracking Number: 100014071115

Tax Return Transcript

SSN Provided:
Tex Period Ending: Dec. 31, 2003

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.



001887

SSN: SPOUSE SSN:

Single

1040 20040408 Apr.15, 2004

0.00

34-1915840

NAME(S) SHOWN ON RETURN: SHAWN R PRYOR

ADDRESS: 9333 SWAYING PINE CT APT D MIAMISBURG, OH 45342-5837-766

FILING STATUS:
FORM NUMBER:
CYCLE POSTED:
RECEIVED DATE:
REMITTANCE:
EXEMPTION NUMBER:
DEPENDENT 1 NAME CTRL:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 SSN:
DEPENDENT 4 SSN:
PREPARER SSN:
PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC:\$ 28,679.00
TAXABLE INTEREST INCOME: SCH B: \$ 0.00
TAX-EXEMPT INTEREST:
ORDINARY DIVIDEND INCOME: SCH B: \$ 0.00
QUALTFIED DIVIDENDS:
REFUNDS OF STATE/LOCAL TAXES:\$ 0.00
ALIMONY RECEIVED:
BUSINESS INCOME OR LOSS (Schedule C):
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:
CAPITAL GAIN OR LOSS: (Schedule D):
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$ 0.00
CAP GAIN DISTRIB POST MAY S:
OTHER GAINS OR LOSSES (Form 4797):
TOTAL IRA DISTRIBUTIONS:
TUIAL IRA DIDIRIBUILUND: V. U.U.
TAXABLE IRA DISTRIBUTIONS: \$ 0.00
TOTAL PERSIONS AND ANNUITIES: \$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT: \$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):\$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:\$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER:\$ 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$ 0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$ 0.00
FARM INCOME OR LOSS (Schedule F): 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER:\$ 0.00
UNEMPLOYMENT COMPENSATION: \$ 0.00
TOTAL SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:\$ 0.00
OTHER INCOME:\$ 0.00

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,	CARLITIONAL FORMS SAIS FIFT JINCOME CHIMPOTER:		S	7 .#	. <i>67</i>	9.00
	SCH EIC DISQUALTFIED INC COMPUTER: TOTAL INCOME:		\$	28.	. 67	9.00
	TOTAL INCOME PER COMPUTER:		\$	28.	.67	9.00
	Adjustments to Income					
	EDUCATOR EXPENSES:				\$ \$	0.00
	IRA DEDUCTION:				. \$	0.00
	STUDENT LOAN INTEREST DEDUCTION:		. 3	2	.39	6.00
	TUITION AND FEES DEDUCTION:				\$	0.00
	TUITION AND FEES DEDUCTION PER COMPUTER: MEDICAL SAVINGS ACCT DEDUCTION:				ç	00.0
	MEDICAL SAVINGS ACCT DEDUCTION PER COMPUTER: HOVING EXPENSES: F3903:				\$	0.00
	SELF EMPLOYMENT TAX DEDUCTION:				S .	0.00
	SELF-EMP HEALTH INS DEDUCTION: KEOGH/SEP CONTRIBUTION DEDUCTION:				\$	0.00
	EARLY WITHDRAWAL OF SAVINGS PENALTY: ALIMONY PAID SSN:				\$	00.0
	ALIMONY PAID: OTHER ADJUSTMENTS:				\$	0.00
	TOTAL ADJUSTMENTS: TOTAL ADJUSTMENTS PER COMPUTER:		\$	2.	39	6.00
	ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME PER COMPUTER:		\$	26	. Z8	3.00
j.	Tax and Credits	***	•	LV,	, Z.O.	3.00
	65-0R-0¥ER:					0
•	BLIND: SPOUSE 65-OR-OVER:					0
	SPOUSE BLIND: STANDARD DEDUCTION PER COMPUTER:		*	6	75	0.0
	ADDITIONAL STANDARD DEDUCTION PER COMPUTER: TAX TABLE INCOME PER COMPUTER:		\$	21.	53	3.00
	EXEMPTION AMOUNT PER COMPUTER:		\$	3, 18.	.05(.48)	0.00 3.00
	TAXABLE INCOME PER COMPUTER:		S	18.	49	300
	TENTATIVE TAX: TENTATIVE TAX PER COMPUTER:		5	2.	42	1.00
	FORM 8814 ADDITIONAL TAX AMOUNT:				3 1	0.00
	FORM 6251 ALTERNATIVE MINIMUM TAX: FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:				\$ 1	0.00
	FOREIGN TAX CREDIT: FOREIGN TAX CREDIT PER COMPUTER:				\$ 1	0.00
	CHILD & DEPENDENT CARE CREDIT:				\$ 1	0.00
made or an income	CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:	- eniritaria	2745-9817		\$	000
	EDUCATION CREDIT: EDUCATION CREDIT PER COMPUTER:				. \$ 1	0.00
	GROSS EDUCATION CREDIT PER COMPUTER:				\$ 1	0.00
	RETIREMENT SAVINGS CHTRB CREDIT: RETIREMENT SAVINGS CHTRB CREDIT PER COMPUTER:				\$ (0.00
	CHILD TAX CREDIT: CHILD TAX CREDIT PER COMPUTER:				\$ 1	0.00
	ADOPTION CREDIT: F8839: ADOPTION CREDIT PER COMPUTER:				\$ 1	0.00
	FORM 8859 1ST TIME HOMEBUYERS:				\$ 1	0.00
	FORM 8396 MORTGAGE CERTIFICATE CREDIT:				\$ 1 \$ (0.00 0.00
	F8396 AND F8859 CREDITS:				\$ (00.0

FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: \$ 0 FORM 1040C CREDIT: F8801: \$ 0 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: \$ 0 PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: \$ 0 TENTATIVE EMPOWERMENT ZONE CREDIT: F8844: \$ 0 EMPOWERMENT ZONE CREDIT: F8844: \$ 0 OTHER CREDITS: \$ 0 TOTAL CREDITS PER COMPUTER: \$ 0 INCOME TAX AFTER CREDITS PER COMPUTER: \$ 2,421	.00
Other Taxes	
SE TAX: SE TAX PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: TAX ON QUALIFIED PLANS F5329 (PR): COMBINED TX ON RETIREMENT PLANS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TO SECURE TAX ON THE SECURE TAX ON THE SECURITY OF TRUSTS: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: SOCIAL SECURITY	.00
Payments FEDERAL INCOME TAX WITHHELD: \$ 2,666 ESIIMATED TAX PAYMENTS: \$ 0 EARNED INCOME CREDIT: \$ 0 EARNED INCOME CREDIT PER COMPUTER: \$ 0 EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD: \$ 0 TOT SS/MEDICARE WITHHELD: F8812: \$ 0 FORM 8812 ADDITIONAL CHILD TAX CREDIT: \$ 0 FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: \$ 0 FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: \$ 0 FORM 8	.00 .00 .00 .00 .00 .00 .00 .00 .00
Refund or Amount Owed	
REFUND AMOUNT: APPLIED TO NEXT YEAR'S ESTIMATED TAX: ESTIMATED TAX PENALTY: TAX ON INCOME LESS STATE REFUND PER COMPUTER: BAL DUE/OVER PYNT USING TP FIG PER COMPUTER: \$ -245	.00 .00 .00
Third Party Designed	
THIRD PARTY DESIGNEE ID NUMBER: AUTHORIZATION INDICATOR: THIRD PARTY DESIGNEE NAME: THIRD PARTY DESIGNEE PHONE NUMBER: This Product Contains Sensitive Taxpayer Data	1

100014071115

This Product Contains Sensitive Taxpayer Data

Request Date: 04-06-2007 Response Date: 04-06-2007 IRS Employee Number: 881GB Tracking Number: 100014071115

Tax Return Transcript

SSN Provided: Tax Period Ending: Dec. 31, 2004

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN:

SPOUSE SSN:

Single

1.040 20052008

0.00

NAME(S) SHOWN ON RETURN: SHAWN R PRYOR

ADDRESS: 7607 JOHN ADAMS LH DAYTON, OH 45459-4012-079

FILING STATUS:
FORM NUMBER:
CYCLE POSTED:
RECEIVED DATE:
REMITTANCE:
EXEMPTION NUMBER:
DEPENDENT 1 NAME CTRL:
DEPENDENT 2 NAME CTRL:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PREPARER SSN:
PREPARER SSN:
PREPARER EIN:

P00-42-5736 34-1915840

Apr.15, 2005

Income

WAGES, SALARIES, TIPS, ETC:\$ 30,011.00
TAXABLE INTEREST INCOME: SCH B: \$ 0.00
TAX-EXEMPT INTEREST:\$ 0.00
ORDINARY DIVIDEND INCOME: SCH B: 0.00
QUALIFIED DIVIDENOS: # 0.00
REFUNDS OF STATE/LOCAL TAXES: \$ 0.00
ALIMONY RECEIVED:\$ 0.00
BUSINESS INCOME OR LOSS (Schedule C): 0.00
BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:
CAPITAL GAIN OR LOSS: (Schedule D):
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$ 0.00
OTHER GAINS OR LOSSES (Form 4797): 0.00
TOTAL TRA DISTRIBUTIONS: 4 0.00
TAXABLE IRA DISTRIBUTIONS:\$ 0.00
TOTAL PENSIONS AND ANNUITIES:\$ 0.00
TAXABLE PENSION/ANNUITY AMOUNT:\$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER: # 0.00
PARTNERSHIP/S-CORP INCOME/LOSS FER COMPUTER:
FARM INCOME OR LOSS (Schedule F):\$ 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER: 0.00
UNEMPLOYMENT COMPENSATION:\$ 0.00
TOTAL SOCIAL SECURITY BENEFITS:
TAXABLE SOCIAL SECURITY BENEFITS:
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: 0.00
OTHER INCOME: \$ 0.00
ADDITIONAL FORM 8814 NET INCOME:



Case 1.02-07-00407-33B-13H D0001HeHt 141-3	1 lieu 12/12/2007 1 age 39 01 04
100014071115	
SCHEDULE EIC SE INCOME PER COMPUTER:	e 0 00
SCHEDULE EIC SE INCOME PER COMPUTER:	
SCH EIC DISQUALIFIED INC COMPUTER:	a a a a
TOTAL INCOME:	0,00 \$
TOTAL INCOHE PER COMPUTER:	0.11.00 as à
THING EMONG ICK CONTOCK!	30,011.00
Adjustments to Income	
- · · · · ·	
EDUCATOR EXPENSES:	\$ 0.00
EDUCATOR EXPENSES PER COMPUTER:	\$ 0.00
RESERVIST AND OTHER BUSINESS EXPENSE:	\$ 0.00
IRA DEDUCTION:	
IRA DEDUCTION PER COMPUTER:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION:	\$ 0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	
TUITION AND FEES DEDUCTION:	
TUITION AND FEES DEDUCTION PER COMPUTER:	
HEALTH SAVINGS ACCT DEDUCTION:	
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:	
MOVING EXPENSES: F3903:	
SELF EMPLOYMENT TAX DEDUCTION:	
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	
SELF-EMP HEALTH INS DEDUCTION:	
KEOGH/SEP CONTRIBUTION DEDUCTION:	\$
EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$ 0.00
ALIMONY PAID SSH:	
ALIMONY PAID:	
OTHER ADJUSTMENTS:	
ARCHER MSA DEDUCTION:	
ARCHER MSA DEDUCTION PER COMPUTER:	
TOTAL ADJUSTMENTS:	\$ 0.00
TOTAL ADJUSTMENTS PER COMPUTER:	
ADJUSTED GROSS INCOME:	
ABJUSTED GRUSS INCOME FER COMPUTER:	, , , , , , , , , , , , , , , , , , ,
Tax and Credits	
Tax and Credits	
Tax and Credits 65-08-0VER:	
65-0R-0VER:	
65-GR-OVER: BLIND: SPOUSE 65-GR-OVER:	
65-0R-OVER: BLIND: SPOUSE 65-OR-OVER: SPOUSE BLIND:	
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Payments			
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Third Party Designee			
THIRD PARTY DESIGNEE ID NUMBER AUTHORIZATION INDICATOR:			

Request Date: 04-06-2007 Response Date: 04-06-2007 IRS Employee Number: 881GB Tracking Number: 100014071115

Tax Return Transcript

SSN Provided: Tax Period Ending: Dec. 31, 2005

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

@1891

OTHER INCOME:

SPOUSE SSN: NAME(S) SHOWN ON RETURN: SHAWN R PRYOR ADDRESS: 7807 JOHN ADAMS LN DAYTON, OH 45459-4012-079 FILING STATUS: Single FORM NUMBER: 1040 CYCLE POSTED: 20060608 RECEIVED DATE: Apr.15, 2006 REMITTANCE: 0.00 EXEMPTION NUMBER:

DEPENDENT 1 NAME CTRL:

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN: DEPENDENT 4 NAME CIRL: DEPENDENT 4 SSN: PREPARER SSN: PQ0-42-5736 PREPARER EIN: 34-1915840 WAGES, SALARIES. TIPS, ETC:

TAXABLE INTEREST INCOME: SCH B:

OCCUPATION OF DIVIDEND INCOME: SCH B:

OCCUPATION OF STATE/LOCAL TAXES:

ALIMONY RECEIVED:

BUSINESS INCOME OR LOSS (Schedule C):

BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:

CAPITAL GAIN OR LOSS: SCH D PER COMPUTER:

OCCUPATION OF LOSS (SCHEDULE D):

CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:

OCCUPATION OF LOSS (SCHEDULE D):

CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:

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OCCUPATION OF LOSS: SCH D PER COMPUTER:

OCCUPATION OF LOSSES (FORM 4797):

OCCUPATION OF LOSSES (FORM 4797) TOTAL IRA DISTRIBUTIONS: \$ 0.00
TAXABLE IRA DISTRIBUTIONS: \$ 0.00
TOTAL PENSIONS AND ANNUTTIES: \$ 0.00 TAXABLE PENSION/ANNUITY AMOUNT: \$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$ 0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$ 0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$ 0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$ 0.00 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$ 0.00
FARM INCOME OR LOSS (Schedule F): \$ 0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$ 0.00 UNEMPLOYMENT COMPENSATION: \$ 0.00
TOTAL SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS: \$ 0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$ 0.00\$ 0.00

SCHEDULE EIC SE INCOME PER COMPUTER:.....\$ 0.00

100014071115 SCHEDULG SELC GARNEDS THE OME PER COMPUTER: 141-5 · · · Filed 12/12/5CT EIC DISCUSLIFIED INC COMPUTER:	/2007 - Page 6358 80
TOTAL INCOME: YOTAL INCOME PER COMPUTER:	\$ 35,350.00
Adjustments to Income	
EDUCATOR EXPENSES: EBUCATOR EXPENSES PER COMPUTER: RESERVIST AND OTHER BUSINESS EXPENSE: HEALTH SAVINGS ACCT DEDUCTION: HEALTH SAVINGS ACCT DEDUCTION PER COMPTR: HOVING EXPENSES: F3903: SELF EMPLOYMENT TAX DEDUCTION: SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: KEOGH/SEP CONTRIBUTION DEDUCTION: SELF-EMP HEALTH INS DEDUCTION: EARLY WITHDRAWAL OF SAVINGS PENALTY: ALIMONY PAID SSN: ALIMONY PAID: IRA DEDUCTION PER COMPUTER: STUDENT LOAN INTEREST DEDUCTION:	\$ 0.00 \$ 0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: TUITION AND FEES DEDUCTION: TUITION AND FEES DEDUCTION PER COMPUTER: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: OTHER ADJUSTMENTS: ARCHER MSA DEDUCTION PER COMPUTER: TOTAL ADJUSTMENTS: TOTAL ADJUSTMENTS: TOTAL ADJUSTMENTS: ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME PER COMPUTER: TOTAL ADJUSTED GROSS INCOME PER COMPUTER:	\$ 2,163.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 2,163.00 \$ 2,163.00 \$ 33,187.00
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100014071115 DC CASETIME HOMEBUYERS CREDIT PER COMPUTER: 141-5. Filed 12/12/2007 DC 1ST TIME HOMEBUYERS CREDIT PER COMPUTER: 141-5. Filed 12/12/2007 FORM 8396 HORTGAGE CERTIFICATE CREDIT PER COMPUTER: FORM 8396 HORTGAGE CERTIFICATE CREDIT PER COMPUTER: FORM 8800 GENERAL BUSINESS CREDITS: FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: FORM 1040C CREDIT: F8801: PRIOR YR MIN TAX CREDIT: F8801 PRIOR YR MIN TAX CREDIT: F8801 FORTATIVE EMPOWERMENT ZONE CREDIT: F8844: OTHER CREDITS: TOTAL CREDITS: TOTAL CREDITS PER COMPUTER: INCOME TAX AFTER CREDITS PER COMPUTER:	\$ 0.00 \$ 0.00
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THIRD PARTY DESIGNEE NAME:
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